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LECTURE IV.

THE proper mode of commencing the exploration of the urethra by instrumental means, for the purpose of determining the presence of stricture, is to select a steel sound, of the largest size which the orifice of the canal will receive without forcible dilatation, and to attempt its introduction into the bladder. As the urethral orifice is the narrowest point in the whole canal, it would seem to follow that any instrument admitted here should traverse readily the remainder of its calibre. And thus regarded, the problem before us is apparently of very easy solution, for any obstruction to the passage of the instrument not caused by the presence of a foreign body, or tumor in the canal, or an abscess or other tumor pressing upon its walls from without, might be fairly assumed to depend on the existence of stricture. But in actual practice the case is far different. From the facts which I have already laid before you concerning the anatomy of the membrane which forms the walls of the urethra, and of the parts around it, its curves, its normal dilatations and contractions, and the membranes and tissues by which it is surrounded in its several divisions, you will be ready to understand that sources of obstruction might occur, differing from all of those just mentioned, and yet perfectly competent to prevent the passage of an instrument, even through a perfectly healthy urethra. That these do exist is rendered certain by the very frequent errors of diagnosis encountered in practice, and I am anxious to point out to you their seat and nature, and how they are to be avoided. In the first place, your sound should be made of steel, and not of soft iron or silver; the harder the metal, the higher the polish it will receive, and the longer it will retain it, being less liable to bruising and indentation; and absolute smoothness and polish are essential qualities in an instrument which is to be passed along in contact with the highly sensitive surface of the lining membrane of the urethra. In damp climates, or at sea, I know that silver-plating or gilding is necessary to prevent rust, but otherwise I regard them as disadvantageous. In the next place, its curve should represent, uniformly and accurately, an arc of a circle, three and a quarter inches in diameter—which, as I have already stated, is the average curve of the fixed portion of the urethra; and its point should always present a right angle to its shaft, affording thus an infallible indication of its position and direction when concealed from the eye. It is exceedingly desirable that those who wish to cultivate dexterity and tact in the use of urethral instruments should always employ the same curve. Finally, before attempting its introduction the sound should be well warmed and oiled.

You may think, gentlemen, that these directions are unnecessarily minute, but in all surgical operations close attention to minute details is one of the essential conditions of success. The mode of introducing the instrument is best demonstrated in a clinical lecture with the patient before you, and I shall therefore leave this part of the subject at present with the single remark, that it should always be done *quietly, gently, and slowly*. After entering the orifice of the canal there are three points at which the point of the sound is liable to be arrested, in a healthy urethra, by obsta-

cles which might be mistaken for stricture: the first of these is just in front of the triangular ligament; the second, in the membranous portion, opposite the *compressor urethrae* muscle; and the third, at the neck of the bladder. In regard to the first, it will be remembered that the normal dilatation, known as the "sinus of the bulb," occupies an inch and a half of the canal just before it engages in the hole in the triangular ligament. Now the mucous membrane forming the floor of this "sinus" is often so relaxed and extensible as to be pushed before the point of the instrument in the form of a fold, by which it may be arrested just when it should enter the hole in the triangular ligament. This occurrence is more likely to take place when the curve of the sound is too large—a very common fault, as its point is thus kept too closely in contact with the floor of the "sinus." This obstacle is to be overcome by withdrawing the sound for an inch or so, and altering its direction, so that its point shall traverse the "sinus" in contact with its roof, and at the same time the penis should be gently drawn forward upon the sound as it advances, so as to put the lining membrane of the canal upon the stretch. The obstruction liable to be encountered by the instrument in the membranous portion, is caused by spasmodic contraction of the "*compressor*" muscle; and this, in my opinion, is the most frequent source of difficulty in introducing full-sized instruments into a healthy urethra, and most liable to be mistaken for stricture. It is, in fact, a temporary spasmodic stricture, resulting from the irritation produced by the contact of a foreign body with the sensitive urethral membrane, and explained by reflex action. To overcome it, assure yourself that the axis of your instrument is precisely in accordance with the axis of the canal, and press its point firmly and steadily, but very gently, against the obstacle, and at the same time endeavor to divert the patient's attention by some question or remark on a subject entirely unconnected with the matter in hand; the "*compressor*" is a voluntary muscle, and you thus get rid of any influence that the will may exert in keeping up its contraction. Within a minute the point of the sound will generally slip through, if the manœuvre is cleverly executed—often with the distinct sensation of having cleared an obstacle. To appreciate the cause of the impediment encountered just before the instrument should enter the bladder, I must recall to your recollection the dilatation of the urethra in its prostatic portion, formed entirely by the expansion of the lateral walls and floor of the "prostatic sinus," as it is called, and also the little transverse fold of the mucous membrane at the orifice of the bladder, called *uvula vesicae*. The point of the sound traversing the prostatic sinus, in contact with its floor, is liable to hitch against this fold, and be arrested in its progress. Depress the handle of the instrument so as to bring its point against the roof of the canal, after withdrawing it a trifle, and it will generally override the obstacle. I have known mistaken diagnosis of stricture to arise from each of these three causes of obstruction, and have therefore thought it proper to occupy your attention thus minutely in their consideration. By employing instruments with the curve, which I have advised, you will be less likely to encounter them. The sounds and catheters sold in the shops have almost invariably too large a curve, frequently representing arcs of several circles, mostly of greater diameter than that which I have indicated, and often perfectly straight in the last inch of their length. In using these instruments it is almost impossible to prevent their points from crowding along the floor of the urethra as they traverse it, and thus they are more liable to be arrested by the first and third obstacles described; whereas the point of a sound which has a small and accurate curve can be readily kept, during its introduction, in contact with the roof of the canal. Moreover, it is important to examine the finish of the instrument's point; this should be hemispherical, or very slightly conical, and perfectly smooth and even; shaped thus, it is less likely to excite muscular spasm, and better calculated to overcome an obstacle of this sort, when gently pressed against it.

With a fair knowledge of the anatomy of the urethra, and with due attention to the points just indicated, there is nothing further requisite to facilitate the recognition of stricture by the aid of the sound, unless it be the tact in its employment that is only to be attained by practice and experience. It is always to be borne in mind that many stricture patients are so sensitive and irritable as to render the greatest care absolutely necessary to avoid bringing on a chill, or an attack of retention, by a first exploration with instruments. To avoid this danger, the greatest gentleness should be observed, and the manipulation should not be prolonged. It is also advisable, before the instrumental examination, that the patient should be prepared for it by the administration of demulcents, containing an alkali, if the urine be acid, or other appropriate medication. A microscopical and chemical examination of the urine is also of great assistance in affording information as to the condition of the bladder and kidneys. It is often safer to defer an opinion until repeated examinations shall have been instituted, and thus the temper of the urethra and the nature of the stricture will be also more thoroughly ascertained. If permeable, its length may be determined by employing a flexible bougie with an olive-shaped bulbous extremity; the point corresponding with the urethral orifice being marked with the nail upon the bougie as soon as its bulb reaches the stricture on entering, and afterwards on withdrawing it. A wax bougie is also useful; if allowed to remain in the urethra a few minutes, and then withdrawn, it will receive an impression from the stricture which at once indicates its dimensions, and its degree of contractibility. As to the *porte-empreinte* so highly recommended by Ducamp, made by dipping silken threads in soft wax, I have little confidence in its utility. When the existence of a stricture has been thus demonstrated, if it will not permit the passage of a full-sized sound after the employment of gentle pressure, recourse must be had to instruments of smaller size, in order to determine its degree of contraction. In reference to this point, i.e. the degree of tightness of the stricture, the size of the stream of urine passed by the patient affords us only vague and general information, and is not to be trusted. This may be temporarily diminished, or even arrested entirely by spasm, by the lodgment of a clot of blood or mucus, or it may depend upon partial paralysis of the bladder with a urethra perfectly free from stricture. The successive introduction of instruments gradually diminished in diameter, is necessary, therefore, to determine this point. As a rule, steel sounds below the size known as No. 4 of the scale in ordinary use, should not be employed; the risk of perforating the urethral walls, and thus causing false passages, is so great as to render them more dangerous than useful, either for the purpose of exploration or of dilatation. Flexible bougies of French manufacture, and especially those with a tapering point, are the instruments I would recommend; these can be procured of all sizes, down to the diameter even of an ordinary pin, and the very smallest of them are exceedingly useful, far more so than their extreme flexibility would lead one to suppose. The recognition of false passages is a matter of importance, and often of difficulty; they are very frequent complications of stricture, and offer a very serious impediment to satisfactory exploration, to catheterization in retention, and to subsequent treatment. They are to be detected by the deviation of the exploring instrument from the normal direction of the urethra, by the peculiar sensations perceived under these circumstances, both by the patient and the surgeon, by the occurrence of hæmorrhage, and by the fact that the progress of the instrument is arrested, when by partially withdrawing it, and altering the direction of its point, it passes into, or through the stricture. A tapering bougie will often be sensibly grasped by a stricture, which opposes its progress—very rarely, if ever, by the walls of a false passage. Here the small flexible bougies I have just shown you are of great use. If one is arrested in its progress, and suspected to be lodged in a false passage,

leave it there, and introduce a second—the orifice of the false passage being thus already occupied, the second bougie may engage in the stricture, and be grasped by it, or it may pass at once into the bladder; by this manœuvre the co-existence of several false passages may possibly be detected in the same case, and their extent and direction may be estimated. The introduction of the finger into the rectum may also afford additional information.

It sometimes happens that a patient presents himself with symptoms of stricture, the orifice of whose urethra is preternaturally narrow, either from congenital contraction of the meatus, or from one of those forms of arrested development known as *hypospadias*, or *epispadias*. In such cases it has been recommended to enlarge the orifice by incision, so as to allow the introduction of a full-sized instrument, by which the remainder of the canal could be properly explored. This is a proceeding of very equivocal advantage; the incision becomes inflamed and indurated from the constantly repeated contact of urine, forms a very painful and irritable sore, which heals very slowly, and leaves behind it, almost invariably, an aggravation of the original contraction. I should prefer, in the majority of such cases, to explore and treat the stricture or strictures as successfully as I could, without meddling with the orifice. Chancres at the orifice are not unfrequent causes of contraction after their cicatrization; these strictures generally contract to a certain point, and then remain unchanged. Unless they are complicated by specific induration, removable by anti-syphilitic treatment, they are better let alone. You may receive it as a general rule, that strictures of the orifice of the urethra are not apt to be benefited by treatment.

Original Communications.

A CASE OF

VERY OBLIQUE TWISTED FRACTURE OF THE FEMUR

REMAINING UNUNITED FOR EIGHT MONTHS—OPERATION BY PROF. BRAINARD'S METHOD—CURE.

By HOMER O. HITCHCOCK, M.D.,

OF KALAMAZOO, MICH.

D. Y.— is a farmer of decidedly nervous temperament, — years of age, but much nearer "old age" than his years would indicate. He has for a long time been subject to bilious derangements as autumn comes on, often accompanied by a fever of an irritative type. On the 25th of August, 1859, two hours after he had been thrown from his wagon with great violence, I found him with an oblique fracture of the right femur. The plane of the fracture extended from without inwards and upwards, twisting completely to the under side of the bone. The length of the plane was from the upper part of the lower third to above the middle of the middle third of the femur, fully four inches. A modification of Desault's long splint, with the usual auxiliary short splints, was applied. The limb was readily extended to its normal length—extension and counter-extension being kept up by adhesive straps, and the ordinary perineal band, with a screw in the foot-piece of the long splint. The fracture was perfectly adjusted, and the limb carefully bandaged.

The patient had, in his accident, received a severe contusion in the perineum, and there was a laceration involving a strip of skin for one and a half or two inches long, by an inch or more wide, extending to a little within the verge of the anus. As this flap was likely to slough, it was removed, and the wound dressed with tr. arnicæ and water. An intermittent fever of a decidedly irritative type followed the injury, which was greatly aggravated by the pain in

the perineum, and difficulty in defecation as well as micturition.

The limb was kept well adjusted, with the exception that about one week after the fracture the patient loosened the perineal band. This was tightened, however, soon after without inconvenience to him. The dressings were all reapplied as often as they became loosened, and the coaptation of the fragments, and the length of the limb, gave promise of an excellent result. The fever yielded after two or three weeks by the use of anodynes, nervines, and anti-periodics.

Four weeks after the accident there was no attempt at re-union. The fracture was perfectly adjusted, the limb was not shortened, and had never been much swollen, and there was, and had been, but slight pain or soreness at the seat of the fracture. Two weeks later, the condition of the limb being unchanged, a starch bandage was carefully applied over a well moulded case of heavy binder's board, and the patient put upon his crutches. The case for the thigh was so padded as to keep the fragments in almost perfect coaptation. After a fortnight had passed with no benefit, the case was removed daily, the leg bathed, and friction with electricity regularly applied for nearly two months. His appetite was pretty good. Quinine, iron in various forms, and the phosphate of lime were given, and long continued, but there was noticed no improvement in the leg. The fragments were quite movable, and the limb could be shortened and lengthened by manipulation to about an inch in extent. There was very little swelling at the place of the fracture, and no enlargement of the fractured ends.

Losing confidence for once in the *vis medicatrix nature*, I considered the various methods proposed for the cure of un-united fractures. The method by subcutaneous perforation proposed by Prof. D. Brainard of Chicago, seemed to me the most rational, and simple, the safest, and if not the surest, certainly giving great promise of success if carefully performed and persevered in. Prof. B. kindly mentioned to me, in a note, that he considered it a necessity for success, that the perforations should be repeated, at intervals of a week, until there was throbbing pain and some swelling about the fractured ends, persistent for some time after the perforation. This pain and swelling, he thinks, are almost certain to promise success.

On the 26th of March, I made three or four subcutaneous perforations of the fragments of the former, at the lower part of the fracture, carrying the instrument once between the fragments. I used a drill one-eighth of an inch wide. The external wound was closed by collodion and a compress retained over it by adhesive straps. The limb was dressed by a starched bandage over a well moulded case of binder's board, and laid upon a double inclined plane. No other extension was put upon the limb. Two days after, the starched-bandage was slit up, and the case sprung open enough to give a view of the limb at the point of operation. There was no sign of inflammation, and but slight soreness at the seat of the operation, and no persistent pain.

April 2.—One week after the first operation there was no soreness or swelling. At this time four or five perforations were made, some of them near the seat of the last, others above; one passed along the plane of the fracture between the fragments, all the others passed through both fragments. The limb was dressed as before. Rather more pain and soreness succeeded this operation than the former, but we feared that it was not sufficient to warrant us in discontinuing the perforations. Accordingly eight days (April 10) after the second operation I made four more perforations, two of which passed along the plane of the fracture, higher up and from without inwards. In making these two perforations, I experienced a sensation, communicated to my hand from the instrument, as if it were passing through soft cartilage, with numerous earthy granules scattered throughout it. This sensation was perfectly distinct from what I felt when the instrument hit the rough surfaces of the fragments. The limb was dressed as before, and the operation was followed by more pain and soreness

than before, with somewhat more swelling—all of which symptoms were more persistent than before. April 16.—I removed all the dressings, and found the limb an inch shorter than the other and quite inextensible; the fragments immovable with a considerable force. I reapplied the dressings, and gave my patient the liberty of the house and yard with his crutches. From that time his improvement was quite rapid, and within twelve weeks after the last operation he was able to walk about town without crutch or cane. The partial ankylosis of the knee which came on in the course of the treatment is gradually yielding under constant use.

VESICO-VAGINAL FISTULA—OPERATION—CURE.

By PLINY A. JEWETT, M.D.,

PROFESSOR OF OBSTETRICS IN THE YALE MEDICAL COLLEGE.

MRS. H., aged about 30 years, of a highly nervous temperament, had suffered severely in two previous labors, in both of which it was necessary to resort to the use of forceps. In her third labor she fell into the hands of an irregular practitioner (homeopathic). Her labor was very protracted, the head of the child remaining impacted in the cavity of the pelvis for a period of four days. During this time she passed no urine; and, of course, the bladder must have been enormously distended. A few hours after the labor was finished the bladder gave away, and the urine passed off by the vagina in a gush. From that time no urine was passed by the urethra, but continued to dribble from the opening in the bladder. Upon an examination, between two and three months after the accident, an opening was found the size of a quarter of a dollar, nearly circular, but slightly oval, the long diameter being transverse. This opening was situated between the neck of the bladder and the uterus: the posterior boundary of the opening being the neck of the uterus. The bladder and the edge of the fistula were in a healthy condition. With the assistance of Drs. Beardsley and Pinney, of Birmingham, and Dr. Townsend of New Haven, I performed the operation advised by Dr. Sims. The patient was placed upon the bed in the position recommended by Dr. Sims. After she was fully under the influence of ether, the Sims' speculum was introduced, and the parts brought fully into view. The edges of the fistula were thoroughly excised with the long straight bistoury, and with great difficulty the mucous membrane of the neck of the uterus was removed at a point corresponding with the anterior edge of the fistula. As soon as the slight hemorrhage had ceased, the edges of a portion of the fistula were brought together with two *silver sutures*, and the remaining portion was attached directly to the neck of the uterus by carrying the needle into the substance of that organ. The sutures were applied without the clamps or shot, the wire being simply twisted upon itself. They were allowed to remain a period of twelve days. At that time they were removed, and perfect union was found to have taken place. The Sims' catheter was used and found to be invaluable. It answered the purpose intended most perfectly. The bowels were kept quiet by the administration of opium. One week after the removal of the sutures the bowels were moved by an injection. This was followed by a severe attack of cholera morbus, attended with severe vomiting and purging, which resulted in the detachment of that portion of the fistula attached to the neck of the uterus.

A few weeks after this accident the operation was repeated, and resulted in a perfect closure of the opening. The patient was kept under the moderate use of morphine after both operations. Two weeks after the removal of the sutures used in the second operation, the patient was able to pass her urine without the aid of the catheter. The sutures caused no irritation whatever, and were removed without difficulty. I have used the silver sutures in a great variety of operations for some time past, and have found them to answer the purpose intended better than any other. I have

used them in amputation of the extremities and of the female breast; in the extirpation of tumors; in operations upon the eyelids; in hare-lip; in wounds of the abdominal parietes; in the operation for phymosis; in lacerated perineum, etc., etc. I consider them a most valuable contribution to practical surgery.

NEW HAVEN, Nov. 12, 1860.

Reports of Hospitals.

BELLEVUE HOSPITAL.

SERVICE OF DR. I. E. TAYLOR.

CASE OF PRESENTATION OF THE RIGHT SCAPULA; ATTEMPTED VERSION BY EXTERNAL MANIPULATION; DELIVERY BY FORCEPS; CONVULSIONS; SUB-CUTANEOUS INJECTION OF MORPHIA; DEATH.

BRIDGET WEST, æt. 30 years, married, native of Ireland, admitted to the Lying-In Ward, May 31, 7½ A.M. Her complexion is rather pale, and there is marked cedema of the lower extremities. She is unable to see out of her left eye, and has not had the full use of her left leg for some time. The muscles of her left arm are partially paralysed, so that she carries it in a semiflexed position; the sensation, however, on the left side of the body is unimpaired. She says she has been in labor since six A.M. Examination per vaginam showed that dilatation of "the os" had set in; the soft parts were in good condition, the pains pretty good. The os was not fully dilated before four o'clock P.M.; she then had but a few bearing-down pains, when suddenly they ceased. Examination at this time, externally and per vaginam, led to the conclusion that the position was an unnatural one, but as there was no engagement of the fœtus, and as the bag of waters remained intact, the exact diagnosis could not be made. She continued in this condition, spent a good night, sleeping quietly until four A.M., when she had a return of her pains, which, however, were so slight that when Dr. Taylor was called in to see her, at half-past one o'clock, she was found walking about. Dr. Taylor upon examination made out the presentation to be the scapula. As the bag of waters was still intact Dr. Taylor deemed it best, first, to try external manipulation. Accordingly, several efforts were made to lift the head from the hypogastric region and bring it down. These proving of no avail, chloroform was administered, and several attempts again made. The head seemed to yield a little, but not enough to engage in the superior strait. Version by the internal method was therefore determined on. Whilst drawing her down to the foot of the bed she attempted to vomit, and simultaneously the bag of waters broke, and contractions set in. Dr. Taylor then introduced the right hand, and felt what he deemed to be a hand and foot. Here the introduction of the hand became pretty difficult from the contractions of the circular fibres of the uterus. The doctor brought down the child's left hand, the palm of which looked downwards and to the mother's right thigh. Carrying the right hand towards the fundus uteri, gradually, and during the intermissions of the uterine contractions, the left foot was first brought down, and the anæsthetic stopped. The delivery was difficult and rather tedious. At the time the head was born, the organ contracted so as to throw it out, together with the amniotic fluid, with considerable force. The child was still-born: long-continued pressure on the cord, when it was impossible to introduce the forceps, causing its death. Labor terminated at half-past four o'clock, and at five the woman was in a comfortable condition; uterus well contracted; no untoward symptom manifested itself. She remained in this condition not quite an hour, when she was seized with a convulsion. The uterus was well contracted, and the urine was found highly albuminous, scanty, and high colored. From this first convulsion she never entirely rallied. In about half an hour afterwards she had another. A note

was sent to Dr. Taylor stating the case, and he ordered cold to the head; enemata of soap suds and ol. ricini; and ant. tart. to be administered. The directions were carried out except the ant. tart. Bowels not moved by the injections.

June 2.—Convulsions recurred every hour or two during the night; pupils dilated, cups applied to nape of neck, followed by a blister, and pulvis purgans administered. Dr. Taylor saw patient at two o'clock P.M., when she had another convulsion. Urine again tested, and though a little more copious, was still highly albuminous. Three wet cups to each temple, and ol. tiglli gtt 4 every two hours till bowels moved; also, acid benzoic. 3 iss.; mucil. acac. 3 ii. Dose, 3 i. every four hours. 9 o'clock, P.M.—Patient in warm perspiration; pulse 122. First signs of returning consciousness; she now opens hereyes, and if stirred, says "stop;" pupils are contracted. 11 P.M.—Still perspires freely; breathing, which has to this time been rather stertorous, is easy; she has taken some chicken-broth, and lies quietly. June 3, 1 A.M.—Is now sleeping quietly—no stertor; continued thus up to 5 o'clock; bowels well moved, at this time; pulse 100, and soft. Treatment of Dr. T. still continued. Urine examined at 9 A.M.—Still albuminous, but less so than yesterday; amber colored. 3 P.M.—Patient apparently improving. June 4, 4 A.M.—Patient has slept well all night, since about 11 o'clock. 8 o'clock.—She is perfectly conscious; asks for something to eat; knows the nurse and attending physician, Dr. Taylor, and says she has no pain, except in her back. If her arm is moved, she says it hurts her; urine tested—still less albuminous.

Dr. Geo. T. Elliott saw patient at half-past one o'clock. Ordered a subcutaneous injection of gtt. x. Magendie's sol. morph. for the pain of which patient complained in the back, and pulv. Doveri grs. x. as an anodyne. These directions were carried out; at 8 P.M. patient conscious; pulse, soft, 92; breathing easy; skin moist and naturally warm. 10 P.M.—Patient restless; skin dry; pulse 100. 12 o'clock.—Eyes rolled back, profuse perspiration; face pale; right pupil contracted; pulse 120; respiration 35 per minute.

June 5, 2 A.M.—Breathing stertorous; rattle in throat; respiration labored, 40; pulse 160. Gave veratrum viride gtt. 3. 4 P.M.—Veratrum viride gtt. xj. Pulse 168; surface cold and perspiring. 5 o'clock.—Face livid; lips purple; surface getting cold. Death occurred at 8 o'clock.

Post-mortem Examination.—On opening the thorax the lungs were found healthy; heart a little fatty; liver congested, and a little fatty. Intestines distended with gas; serous coats healthy. Kidneys about normal size, fatty, and somewhat granular. Uterus not larger than normal; no external appearance of inflammatory character. Upon opening the organ, a laceration of the cervix, about two inches in length, reaching to the body of the uterus; through the mucous, and a portion of the muscular coats, the whole inner surface exhibited signs of the reparative process; and no pus, either in the uterine sinuses or in the Fallopian tubes, was seen. Ovaries in position, of natural size and color. The brain was found as follows:—Vessels over both hemispheres turgid with blood; slight sub-arachnoid effusion. On the upper posterior portions of the posterior lobes, there was found a subarachnoid clot (each clot about the size of a half-dollar), pressing slightly upon the substance of the brain. On section of the substance of the brain, no fluid was found in the ventricles. The optic thalamus, and the corpora quadrigemina of the right side, were decidedly softened.

TREATMENT OF DELIRIUM TREMENS BY LARGE DOSES OF TINCTURE OF DIGITALIS. REMOVAL OF A CANCEROUS MASS FROM A MAMMA, BY MEANS OF THE ECRASEUR.

SERVICE OF DR. STEPHEN SMITH.

[Reported by DR. RANDOLPH PAGE, M.D., House Surgeon.]

TWO CASES OF DELIRIUM TREMENS.

NOTICING in a late number of the *American Medical Times*, that delirium tremens had been treated successfully by

the Tincture of Digitalis, in $\frac{3}{4}$ ss. to $\frac{3}{4}$ j. doses, with the approbation of Dr. Smith, I tested the remedy in two well marked cases.

Case 1 was that of J. B., a German, 35 years of age—admitted to Bellevue Hospital Nov. 11th, with a small burn on his neck. At the time of admission he was "tremulous," and had some symptoms of "debauch." An emetico-cathartic was ordered, and sleep was enjoyed that night, but towards the evening of the next day, he grew delirious, and became so unmanageable that his "transfer to the cells" became necessary. Here he remained that night, getting nothing; but the next day, at ten o'clock, A.M., and every three hours after till half-past twelve that night, I gave him two drachms ($\frac{3}{4}$ j.) of the official tinct. digitalis. From the administration of the second dose until he went to sleep, at half-past twelve, that night, he was quiet and docile; his pulse in the morning at ten was 108, and small; at ten P.M., pulse 98, this was brought down to 88, and the volume seemed to increase. At twelve, midnight, I gave him tinct. dig. $\frac{3}{4}$ j., which in fifteen minutes brought his pulse to 82; at half-past twelve, I gave him $\frac{3}{4}$ iss. of brandy; he went to sleep in less than five minutes, and slept all night, and till eleven next day. The effects that I observed were diminution in number of the pulse, increase in volume, profuse diuresis. Skin cool, without clamminess; delirium at first busy and boisterous, became less busy, but not muttering.

Case 2.—Mrs. Mc., Ireland, 48 years of age. Admitted to Bellevue for pretty severe contusions of face, and also on the body; a moderate drinker, according to her own statement—an old and confirmed *soaker*, according to the history given by her friends—she was several days in the ward before any delirium set in, and pretty much the same course was adopted in her case as in that of the German. She took $\frac{3}{4}$ j. digitalis—in two hours $\frac{3}{4}$ j. more, and went quietly to sleep, without any brandy. Her pulse was not above 95, nor below 80, at any time: so violent was she at first, that a strait-jacket was needed to keep her in bed. Both patients were discharged well, Nov. 19, 1860.

CANCEROUS-BREAST REMOVED BY THE ÉCRASEUR.

Mrs. C—, æt. 34, native of Ireland, married, was admitted in June, 1860, to this Hospital with a tumor in left mamma, of scirrhus character, which was removed with the knife by Dr. W. H. Church, the surgeon in attendance. At the time, Mrs. C. was nursing a child, and the vessels in the part were pretty large, and much blood was of necessity lost in the operation. The wound healed up by granulation in three weeks' time; but in August, the tumor re-appeared and grew so rapidly that she applied again for admission to Bellevue in October. On admission, she presented a huge mass of fungoid growth, very foul, and so vascular that the slightest prick on the surface would induce profuse hemorrhage. At the instance of Dr. Smith, I applied Simpson's paste (zinci sulph. and acid. sulph. made into a paste)—every second day, removing the debris with knife before applying the caustic a second time; this very sensibly diminished the size of the growth; but it grew so fast that it was deemed best to remove it at once—and to this end, Dr. Smith used the *écraseur*. (The base of the growth was about four inches in diameter.) By slow and steady turns, in an hour and a quarter's time, the mass was removed, with very slight hemorrhage. What was disposed to flow was speedily stopped by Dr. Squibb's excellent preparation of the "liquor ferri persulphat."

PAUPER INSANITY.—A return has been issued by the Poor-Law Board stating the number of paupers of unsound mind chargeable to the poor-rates on the 1st of January last in England and Wales. The number of paupers in receipt of relief was 850,896, and of these 31,543 were insane—namely, 22,378 lunatics, and 9165 idiots. In Wales half the whole number of the insane are idiots; but in the metropolis and the manufacturing districts the proportion of lunatics is larger and of idiots less.—*Medical News*.

Clinical Record.

UNIVERSITY MEDICAL COLLEGE.

PROFESSOR VALENTINE MOTT'S SURGICAL CLINIC.

Tuesday, November 20, 1860.

LEAD POISONING. ADENITIS. PERFORATION OF SEPTUM NASI. STRABISMUS CONVERGENS.

CASE I.—*Lead Poisoning*.—J. M., æt. 60, has paralysis and partial atrophy of the extensor muscles of the left fore-arm. The patient is a laborer, and as far as can be ascertained has not been exposed to the causes of Saturnine poisoning. He is a moderate beer drinker, and may have imbibed lead into his system in that way, as it is well known that that beverage is more or less impregnated with lead, which may either be put in intentionally, or may accidentally arise from the use of leaden vessels in the process of manufacture. The effects of lead on the system are very curious and unaccountable. After the system has become somewhat subject to its influence a phenomenon known as lead colic shows itself. This is a very severe and distressing form of colic, which sometimes appears in several successive attacks. It has been called painter's colic, or *colica pictorum*, from the fact of persons of that craft being more subject to it from their exposure to the influence of lead. Its most singular feature, however, is that presented in the patient before us, paralysis of the muscles of the dorsum of the fore-arm, and consequent inability to extend the hand at the carpal joint. Why lead should produce paralysis, or why it should choose that particular set of muscles to exhibit its peculiar effects, I am unable to explain, and will leave it to the investigations of some of my young hearers to discover, and, at some future day, demonstrate to the world. The indication of treatment here is local and general. Locally rest and friction should be employed; the forearm and hand should have a splint so adapted as to support the hand, and thus give rest to the affected muscles; or a glove may be applied to the hand, and a strap from the dorsum carried up the forearm, and there fastened so as to afford the necessary support to the hand, and at the same time allow the use of the fingers. Friction with or without some stimulating liniment should be daily resorted to with a view to excite action in the muscles. The general treatment should extend to careful attention to the whole general health. Of late years the iodide of potassium has come into very fashionable use, and in no disease is it more serviceable than in this. It acts chemically upon the lead through the blood, and eliminates the lead gradually from the system. Let this good man take iod. pot. gr. v. three times a day.

"My good man," said the Professor, patting the patient upon the back, "can you use your left hand at all?" "No, sir." "Couldn't you take a dollar with it if offered to you?" "No, sir; but I could take it with the other hand though!" "Well, well," responded the Professor encouragingly, "we can always find out very quickly how to use our hands in taking money." It should be remarked that a valuable diagnostic sign in lead poisoning is one brought before the profession by Dr. Barton: it is the appearance of a blue line along the margins of the gums. This is very peculiar and well marked, and when once seen cannot afterwards be mistaken.

CASE II.—*Adenitis*.—R. N., æt. 30. Several months ago without obvious cause an indurated swelling of the cervical glands of the right side appeared. There is now a mass of these glands running from the angle of the jaw to the clavicle. This, gentlemen, though a very common, is an interesting case. In your dissections, where these glands are healthy, you will have to look very sharp to find them, and yet they often take on this morbid growth, frequently attaining an enormous size. When I was in Italy I visited with a feeling of profound reverence the residence of the great Mascagni, whose great work on the lymphatic system

is a distinguished honor to the profession. In investigating the cause of the affections of the lymphatic system I can generally go about as far as my neighbors, but here I have to come to a full stop. Some of our young brethren, though, can very readily jump over a period, and frolic on the other side, and in some scientific gambols of this kind we are often called upon to admire wisdom which we cannot understand. We will treat this case with iodine. Internally we will give six drops of Lugol's solution, as that is cheaper for poor folks than iod. pot., and is perhaps just as good. Locally we will paint the parts with tinct. iodine. This, gentlemen, is an excellent application, and besides it's fashionable. You may be particular about the cut of your coat, or the style of your beard, but if you are not fashionable in your prescriptions you will be denounced as an 'old fogey.'

CASE III.—Perforation of Septum Nasi.—M. E., æt. 29. Two years ago an irritation in the left nostril excited a desire to pick the offending organ; a small sore formed in consequence, which soon scabbed over; this scab was picked off, and being succeeded by another, it was likewise removed, until the septum of the nose had been eroded through, and a passage existed between the two nasal passages. Now, gentlemen, there is no good reason why one should not indulge in picking his own nose if so disposed, but it should be practised in moderation, or there is danger, as you see in the case of this good lady, of picking a hole in the member. I have seen several similar cases. Nothing can be done for it—the hole will do no harm and will get no worse, if the lady will only refrain from picking it in future.

CASE IV.—Strabismus Convergens.—Girl, æt. 6 years. Has a decided squint of the left eye. This affection, as you know, is the most common variety, as the internal rectus muscle is much more liable to be contracted than the external rectus. The treatment is dependent entirely upon operation. The operation is simple, but requires care and skill; it requires a good light, and the light of science. More than one eye has been destroyed by the performance of the section of the internal rectus muscle. With these prefatory remarks, the patient was put under the influence of chloroform. The lids being separated with a spring wire speculum, the globe of the eye was steadied by an assistant, and Dr. A. B. Mott, the Prosecutor, pinching up the conjunctiva about two lines from the cornea, divided it with scissors, making a small perpendicular slit, and then hooking out the end of the muscle near its insertion, by means of the blunt hook, snipped it across; then made sure with the hook that no part of the muscle was left undivided, and the operation was completed. Another case of strabismus of the right eye was then introduced and operated on in like manner.

PROF. A. C. POST'S CLINIC.

November 15, 1860.

ABSCESS IN PERINEO. TRAUMATIC CATARACT. UNUNITED FRACTURE OF THIGH. ENCYSTED TUMOR IN THE LOBE OF THE EAR. VARICOSE VEINS OF THE LEG. WOUND OF THUMB.

CASE IX.—Abscess in Perineo.—P. McD., æt. 23. The patient now before you, gentlemen, has an inflammatory swelling in the perineum, extending into the scrotum. The left side of the swelling is hard, the right side is soft and fluctuating, indicating a collection of purulent fluid. Abscesses in this situation are usually the result of urinary infiltration, which is a secondary consequence of stricture. In severe cases of stricture, the urethra sometimes gives way suddenly, behind the contracted portion, and urine is infiltrated into the cellular tissue of the perineum and scrotum, causing a low degree of inflammation, speedily terminating in mortification, occasioning extensive destruction of the tissues, and often leading to a fatal result. In other cases of stricture a minute perforation of the urethra takes place by ulceration, and a few drops of urine escape into

the cellular tissue, leading to the formation of an abscess. When such an abscess is opened, the matter which is evacuated often has an odor of urine. Abscesses of this kind should be freely opened, and afterwards the stricture should be dilated by means of bougies. This patient had gonorrhoea about five years ago. For the last two or three years he has had some difficulty in urinating. Two years ago he was in the New York Hospital, where instruments were introduced for the purpose of dilating the stricture, since which time he has passed his urine with less difficulty. I will now open the abscess, and will postpone the treatment of the stricture until the swelling of the perineum shall have subsided. (A bistoury was then introduced into the abscess, and the pus evacuated. No urinary odor was detected. The patient was directed to apply yeast poultice.)

CASE X.—Traumatic Cataract, with Contraction and Distortion of Pupil resulting from Injury.—H. C., æt. 18. Gentlemen, you may remember having seen this patient here several weeks ago. He had then recently received an injury in his eye from a fragment of steel, which had penetrated the cornea, and had wounded the iris and the capsule of the lens. The iris was prolapsed through the wound of the cornea, and there was an opacity of the crystalline lens. The cornea and sclerotics were inflamed. The patient had taken mercurial remedies, which had occasioned moderate pyralism. I then directed the use of iodide of potassium, five grains three times a day, with a blister behind his ear, and strips of isinglass plaster passed from the upper to the lower end to keep the eye closed. The inflammation has now subsided. There is an opaque cicatrix of the cornea to which the margin of the pupil is adherent: the pupil is consequently distorted and nearly closed, and the lens is opaque. If this patient should by any accident lose his other eye, the sight of this one might possibly be restored by an operation for artificial pupil, and by division of the cataract.

CASE XI.—Ununited Fracture of the Thigh.—T. M., æt. 19. During the last winter this patient was riding down hill on a sleigh, and came into forcible collision with a stationary cart, fracturing his thigh and arm. Reunion took place promptly in the arm, but the fragments of the os femoris have remained ununited, overlapping each other so as to shorten the limb to the extent of four inches. Non-union of fractured bones may be the result of either constitutional or local causes, or of both combined. Among the constitutional causes the most prominent are debility arising from advanced age, organic disease, intemperance, or an insufficient supply of nutritious food. Another cause which sometimes prevents the reparation of a fracture is the concentration of the vital energies upon another organ, as in pregnancy and lactation. There are three local causes of non-union: 1. Want of rest. 2. Want of apposition of the fragments. 3. Interposition of some substance between the fragments. In a simple fracture the interposed substance may be a third fragment of bone deprived of its vital connexions, or it may be a portion of muscle or of fibrous tissue. In a compound fracture it may be a foreign substance introduced from without. In the present instance non-union may be attributed, in part at least, to the existence of another fracture, diverting the energies of the system. There may, perhaps, have been also a want of perfect rest, and of proper apposition of the fragments. In the treatment of ununited fracture, when the case is recent, and there has been some attempt at the reparation of the injury, union may sometimes be brought about by careful apposition and rest, secured by appropriate splints and bandages, together with suitable constitutional treatment adapted to the circumstances of the patient. But when many months have elapsed, and there is great mobility between the fragments, union cannot ordinarily be obtained without resorting to some operative procedure. Three operations may be resorted to for this purpose: 1st. Drilling the fragments in different directions, as recommended by Dr. Brainard of Chicago. 2d. Passing a seton between the fragments as endorsed by Dr. Physick. 3d. Sawing off

the ends of the fragments, and wiring them together, as recommended by Dr. J. Kearny Rodgers. The last method is the one I consider as the best adapted to the present case. Whenever the patient is prepared to undergo the operation I will be ready to perform it. The operation is a severe one, but its result is generally satisfactory.

CASE XII.—Encysted Tumor in the Lobe of the Right Ear.—T. B., *æt.* 28. This patient has a steatomatous tumor of a globular form in the lobe of his right ear. It is about an inch in diameter. It moves freely between the two layers of integument which bound it before and behind. It has existed for several years. A tumor of this character may be readily distinguished from a malignant tumor by its mobility, by the absence of pain, and by its smooth surface. The most convenient mode of removing such tumors is that recommended by Dr. J. Kearny Rodgers, *viz.* bisecting them, and then dissecting out the cyst. (The Professor then proceeded to remove the tumor by the method above indicated. Three fine sutures were employed in bringing the edges of the wound together.)

CASE XIII.—Varicose Veins of Leg.—Bridget M., *æt.* 27. This young woman has been suffering for a long time, first, from a varicose condition of the veins of her leg, affecting chiefly the external saphena and its branches. There is no ulceration nor excoriation of the integument; but the patient suffers from a sense of weight and pain in the limb. Varicose veins are often a source of very serious inconvenience to patients who are affected with them. They often lead to troublesome ulceration or excoriation of the integuments, and sometimes to alarming hemorrhages, as the distended state of the veins renders the valves insufficient to take off the pressure of the superincumbent column of blood. The treatment of varicose veins is palliative or radical. The radical treatment consists in obliteration of the diseased vessels, and the process is always attended with more or less danger to life; it should therefore be reserved for aggravated cases. The palliative treatment consists in giving a uniform support to the limb by means of bandages, or of elastic or laced stockings. The common roller bandage will fulfil the indication, if carefully applied. But the application requires to be often repeated, and the bandage is apt to become loose when the patient takes exercise. The elastic or laced stocking is more reliable. I prefer a well made laced stocking, and I recommend this patient to obtain one.

CASE XIV.—Varicose Veins of Leg.—Ann E., *æt.* 29. This woman has also a varicose state of the veins of her leg, but it is much more recent, being the result of the pressure of the impregnated uterus upon the iliac veins. She has an infant two weeks old. As the cause which produced the disease has ceased to act, I am in hopes that, under careful management, the disease will subside. I recommend the application of a roller bandage, and advise the patient to keep her limbs as much as possible in a horizontal posture.

CASE XV.—Inflammation following Contused Wound of Thumb.—M. C., *æt.* 30. The right thumb of this patient was bitten by a man four weeks ago. The injury was inflicted upon the posterior part of the first phalanx. I saw the patient at my office the day before yesterday, and found the tissues on the posterior part of the thumb in a state of high inflammation, with suppuration. There was an ulcerated opening through which the matter was imperfectly discharged. I enlarged the opening by free incisions, and directed the application of emollient poultices. I find to-day that there has been a remarkable subsidence of the inflammation. When the fibrous tissues are involved in inflammation, no other remedy will afford such prompt and effectual relief as free incisions. I would recommend this patient to continue the application of poultices two days longer, and then to dress the sore with lint spread with basilicon ointment. Emollient poultices are very useful applications in the early stage of suppuration, but if these are continued too long, they produce too much relaxation, and thus hinder the reparative process.

COLLEGE OF PHYSICIANS AND SURGEONS.

PROF. PARKER AND MARKOE'S CLINIC.

November. 12, 1880.

CONGENITAL HARELIP AND FISSURE OF PALATE. NECROSIS OF MAXILLA INFERIOR.

CASE IX.—Congenital Harelip and Fissure of the Palate.—The patient is an infant, *æt.* 5 months. The harelip is double, the lip being divided on each side of the median line, and there is also a deficiency in the structures of the roof of the mouth, constituting that condition which is known as fissure of the palate. Harelip is usually single; sometimes it is double, with a segment of perfect tissues between the two clefts; again, as in the present case, there is one wide fissure, partially divided at its base by a rudimentary process, which is the analogue of the intermaxillary bones of the lower animals. In such a condition of the parts, suction is impossible, because the lips cannot be closed in such a way as to produce a vacuum within the mouth. Such children can only be brought up by hand. The fissure of the palate is irremediable; but the external deformity can be removed by the ordinary operation for harelip. The intermaxillary process is principally connected with the septum nasi, and can easily be removed. The time for operating in these cases depends upon various circumstances. If the harelip is single, and the operation is performed early, the child is soon able to suck; but if there is a deficiency of the palate, no such result can be expected. It is, however, a fact, that if, in these cases, an operation is performed at an early period, the edges of the palate fissure will be very much approximated. In this case, the operation should be performed before the eruption of the teeth.

CASE X.—Necrosis of the Inferior Maxilla.—Sophia B., *æt.* 15, was operated upon, eight years ago, for the removal of a portion of dead bone from the angle of the inferior maxilla, upon the left side. The trouble commenced three years before the operation, with pain, and much swelling of the surrounding parts, which finally suppurated, leaving openings leading down to the bone; and there was a constant discharge for many months. The exfoliated bone was removed from within the mouth, and was followed by a rapid healing, leaving a slight deformity at the angle of the jaw, a feeling of roughness to the bone, and a total inability to use the jaw for the mastication of her food. She has never worked in a match-factory, nor been exposed to the fumes of phosphorus.

Remarks.—This is a very disagreeable and unsatisfactory case to treat. From the history she has given, we are led to infer that the periosteum has been the seat of an active inflammation, which has produced the death of a portion of the jaw, and extending, for a period of three years, to the surrounding fibrous tissues, has caused contractions and adhesions, which, in their turn, after eight years of disuse, have occasioned general atrophy of the bone, as well as of the soft parts. If this condition had followed a large abscess in this region, we might hope to overcome it by the daily introduction of a plug of soft wood between the teeth. In this case, however, from the nature of the disease, the forcible separation of the jaws would be attended with great danger; but as the whole circumference of the bone has not been involved, the case may not be as bad as it appears, and the use of the plug may be found justifiable. It should be made, at first, with soft wood, and should be suffered to remain in position for an hour each day; it should gradually be enlarged, and after a time made of hard wood. There is no necessity for the division of any muscles.

NEGRO HOSPITAL.—Messrs. Chisolm and Cain, of Charleston, S.C., have erected a large and commodious hospital for slaves.

American Medical Times.

SATURDAY, DECEMBER 1, 1860.

EXORBITANT CHARGES OF APOTHECARIES.

THE communication under the above caption published in the number of Nov. 10, elicited a reply which was crowded out of the two last numbers, but appears in the present. The good tone and object of both of these writers render their communications particularly appropriate and acceptable, and suggest a few additional remarks in this place.

It is undoubtedly true that the charges of some pharmacutists are exorbitant, and that these charges have a bad effect in many ways; and they are not unfrequently based upon false allegations, which give peculiar emphasis and effect to the injury done. For instance, upon two occasions lately, different pharmacutists charged, in one case sixty-two cents for two drachms, and in the other, fifty cents for an ounce of chloroform, the chloroform required being specified to be of a particular manufacture that was supposed to insure its strictly official character only. In both cases the charges were defended upon the ground of exorbitant prices of the manufacturer, with the remark, that so long as physicians insisted upon ordering such "fancy" articles their patients must suffer. The first of these charges was truly exorbitant, and the second one-fourth or one-fifth too high, but the injury done was far greater than that by the high charges. As is not unusual in such cases, both these circumstances came directly to the physicians who had ordered, and the effect upon both was similar, natural, and forcible, and was precisely that suggested by the correspondent of this number. They would neither of them ever send to those stores again, or rather they would always make a point of sending elsewhere. That the charges of pharmacutists have often no relation to the cost of material and labor of putting together, is true; and it is a matter of some surprise that an educated, intelligent physician should not recognise the justice of such charges when made by educated and skilful pharmacutists, and within the limits of that liberal moderation which should be the premium offered for intellect, education, and skill, where these are so pre-eminently necessary as in medicine and pharmacy. Attainments through education, experience, industry, and skill, when supported upon a basis of long and well-established reputation for reliability, and honesty of purpose, must be, and should be, well and liberally paid; and it is asingularly fatal error in any profession, or community, to oppose or withhold this or any other stimulant which has so direct and palpable an effect in fostering skill and integrity. To discriminate closely among men is, therefore, the first duty of the physician in this respect, and then to offer all legitimate support to those who deserve it. If in this connexion we may state that we have long and anxiously looked forward to the time—and this is now predicted as the natural reformation which must occur—when a class of pharmaceutical offices will be inaugurated, at first only one or two perhaps, and these only in the largest cities. These should be small unattractive offices, fitted up with closets instead of

open shelves, because most medicinal substances are more or less injured by light, and furnished with every convenience for compounding, preparing, and dispensing medicines, where every galenical, and many of the more simple chemical preparations, should be actually made. All proprietary and patent medicines, and all fancy articles, should be excluded, and, in short, nothing be admitted which does not appertain legitimately and exclusively to the sick chamber. What a contrast would be presented in such an office to any of the present stores where prescriptions are put up! The character of the fitting up, and the variety and incongruity of the present stores, appear to bear relation only to the pecuniary abilities of those who set them up; and the enormous expenditure has a much more intimate relation to the costly elegances of the show-case contents, than to the contents of the little phalanx of small and often shabby bottles which occupy some four feet square nook or corner for prescription use. In degenerating from its high and legitimate calling, the pharmacy of the present day has, step by step, invaded the territory of its legitimate next-door neighbor, and nearest friend, medicine, and has thus become the indispensable agent of the quack and nostrum-monger. From this starting-point pharmacy has gone both up and down the street, subsidizing its neighbors on all hands, with apparently the same discrimination which governs the succession of trades in a public thoroughfare. The instrument maker, stationer, perfumer, comb and brush maker, the barber's shop, the cigar shop, the candy shop, and lately, worst of all, the drinking shop, have been invaded and their functions appropriated, so that instead of the simple inscription of Pharmaceutical Office, as above suggested, the pharmacy of to-day might add to the tautology of its present door-plate "and vender of merchandise in general." As pharmacutists have an undisputed right to sell what they please within the limits of enforced law, so physicians have a similar right to buy where they please, and this right extends over the medicines they use in the treatment of their cases. A medical man has as much and as natural a right to choose what pharmacist shall put up his prescriptions, as he has to indicate the ratio in which his medicines shall be compounded, the hours at which they should be taken, or the locality in which his patients should or should not reside—that is, the right to exercise his judgment authoritatively whenever that judgment is required at his hands; and there is no probability that a physician whose reputation is based upon skill and integrity will ever be injuriously suspected of connivance with any pharmacist of similar character in any kind or degree of extortion, or sharing of profits. There is a large number of medical men and pharmacutists accessible, who are not at all injured by any such unjust suspicions; and, to judge from the intelligence and general tone of the articles, both the correspondents upon this subject belong to that class, and therefore deserve to support each other. Persons or families who may be driven into homœopathy merely by the argument that their medicines cost less, or who might be influenced in their choice by exorbitant charges for medicines, would be likely to be easily dislodged either from homœopathy or anything else upon a basis of no tangible results. As may be seen in the conclusion of the article published in this number, the suggested alternative of physicians carrying their own medicines might render

them liable to injurious imputations, whilst its practical general application would result in handing pharmacy over bodily to "hock and soda," and cigars, and in handing medical men bodily over to the wholesale druggist, who is exclusively a merchant, and knows no standard but dollars and cents.

THE WEEK.

THE ACADEMY OF MEDICINE has repeatedly and in various ways demonstrated the utility and importance of its organization, but never is this more satisfactorily accomplished than when its working members—the busy practitioners—bring before their associates, at a stated meeting, a plain statement of some instructive observations in their daily practice, or a faithful resumé of facts relating to any practical question in medicine. This was done at the last meeting. A well recorded case of Prolapsus of the Funis; an admirable and brief review of Craniotomy; a happily written paper upon the Hygiene of the Sewing-machine, and an exhibition of a new and valuable Deodorant, occupied the evening. A clear demonstration of the practical value of Dr. Thomas's plan of *postural* management in cases of prolapse of the funis, and nice practical points in such management; the presentation of a most valuable improvement in the Perforator, and plain suggestions upon the subject of cephalotomy; and, in reference to the sewing-machine, Hood, himself, could not have said more; albeit, we do not agree with Dr. Gardener in the opinion that the use of this instrument is not in some instances a cause of certain menstrual and uterine diseases. In the last number of the MEDICAL TIMES we said some plain things respecting the Academy, but there is much more to be said to the credit than to the discredit of that body; and if its members will heartily engage in such efforts as have characterized the varied and excellent productions of their President, and a few others in that body, it would actually become the most useful and influential of any local association of the kind in the world; and it will be fortunate for the Academy if its next President as worthily represents the learning, dignity, and virtues of the profession, and is as widely and favorably known to the medical world. We say *widely and favorably known*, because the Academy now has a commanding position which it can only maintain by elevating to its highest office members of acknowledged reputation. The suggestion we made last week respecting the relative duties and design of the Academy and the County Medical Society, we believe to be important. The County Society cannot, without dereliction of bounden duty to the State, and to the State Medical Society, throw upon the Academy the sacred obligations which legislative statutes and the rules of the parent society have imposed on the general organization of the *legally authorized* physicians in the country. Upon the subject of County Medical Societies, our readers will hear from us again; and as there has recently been much discussion upon the question of the rights and obligations of the Medical Profession under the *existing* statutes of this State, and as our brethren need to act unitedly and in earnest in fulfilling their obligations, and claiming their privileges under such statutes, we cordially invite the correspondence and co-operation of friends who have carefully considered this subject.

It is a faithful saying, that "he who speaks a language that he does not understand, speaks nonsense." This adage is now almost daily illustrated by that remarkable agglomeration of theology, politics, physic, etc., *The World*. If its writers are as little familiar with the progress of the world in other departments as in the medical sciences, *The World* should circulate exclusively among antiquarians. Here is a curious relic which it has fished out of the mire of an ancient and obsolete physiology:

"NERVOUS ACTIVITY.—At the last meeting of the Medico-Chirurgical Society of this city, Dr. O'Reilly described a case in which a man received a kick on his head from a horse, which carried away a portion of his brain, notwithstanding which he recovered, his mind not being apparently affected. This was attributed to the fact that the pineal gland was not wounded or pressed. Many similar facts are on record."

Another case of slow poisoning has just come to light in Bergen, N. J., the victim, as usual, being the wife of the criminal. The coroner's inquest discloses the fact, that the deceased had been suffering from gastric irritation, for which her physician, Dr. Booth, prescribed anodynes, which at first relieved, but afterwards so aggravated her sufferings, that she was thrown into convulsions, of which she died. The evidence against the husband was very strong, as he had threatened her life; he was apprehensive that poisons would be found in the stomach after death, and alleged that his wife took them to produce abortion. The stomach was submitted to investigation by Prof. DOREMUS, who, after a patient examination, found sufficient evidences of death by poison to go before the jury, and state that such was his conclusion. The jury rendered a verdict accordingly, and the poisoner, William Absom, was thereupon committed to jail to await the action of the grand jury.

We have at length an answer to the question which has been so long and so frequently asked, "Who shall decide when Doctors disagree?" *The World* has assumed the dignified and responsible position of the umpire of the medical profession, and to it we may hereafter refer all doubtful medical questions, with the certainty that they will be "fixed up" to the satisfaction of at least one of the parties concerned. The latest good office of that paper is in determining the question of priority in the treatment of hip-joint disease by apparatus, about which the profession has had such confused opinions. In a late number, it thus sets the matter at rest for ever: "Dr. H. G. DAVIS, A PHYSICIAN OF THIS CITY, IS THE AUTHOR OF THIS DISCOVERY." We hope no one will raise the question, "If Dr. Davis is the author of the discovery, who is the Discoverer?"

A COMMISSION of Lunacy is a necessity of every State. Will our brethren in the State of New York give their attention to this subject, and take the time to confer with the legislators elect in their respective districts? For the proper institution and character of such a commission our profession must be held responsible.

Reviews.

(Continued from page 372.)

CHEMISTRY IN ITS RELATIONS TO PHYSIOLOGY AND MEDICINE. By GEORGE E. DAY, M.A. CANT., M.D., F.R.S., Professor of Medicine in the University of St. Andrews. With Plates and Illustrations. London. Hippolyte Baillière; New York, Baillière Brothers. 1860. 8vo. pp. 527.

ONLY six years ago Prof. Lehmann wrote, "We are still so far behind in the theory of nutrition, that we must content ourselves with investigating the balances between the recepta and excreta in order to form even the outlines of a representation of the tissue-metamorphoses in general." And he continues, "We must look to the future for an investigation of the internal exchange of elements in the process of nutrition, of its individual members and stages, of the so-called tissue-metamorphoses, in order to obtain an exact scientific comprehension of the chemical phenomena of life." Replete with interest, and being "the culminating point or final object of all physiologico-chemical investigations," this subject is worthy the attention bestowed upon it in Dr. Day's Manual.

We are pleased to observe his discrimination of the practical value and significance of the experiments of Bidder and Schmidt, Bernard, Vierordt, and Dr. Hammond. The reader, instead of being misguided by partial statements and the admission of unsubstantiated conclusions, is made to see what is established by experiment and experience, and what is necessarily hypothetical and unsettled. These chapters are enriched by many incidental allusions to those questions which are of peculiar interest to the practical physician, and his opinions are given very concisely and clearly. For example—after referring to the solvent power of the gastric juice, and to the common idea that the mere vital force inherent in the stomach prevents its digestion by its own secretion, he adduces the recent experiments of Pavy and Bernard, in which the flesh of *living* animals was readily dissolved by inserting their extremities in the fistulous stomach of a dog; and says, "the resisting power of the stomach seems due to the *continuous formation of epithelium* during the process of digestion."

The results of Dr. Hammond's inquiries are given a prominent place in the chapters on Nutrition and the Urine, and it is in connexion with the experiments and opinions of other inquiries upon these subjects that the value of Dr. Hammond's elaborate investigations fully appears. Dr. Day says very truly that, "a series of accurate experiments on the *proportion* in which the four great nutrient groups should be combined so as to form the food best suited to the general want of the organism, is still a *desideratum*."

And he further says, "that there is no single *fixed* proportion of the four groups suitable for all conditions of life, even in the same individual." But, in reference to this point, he gives the following very recent conclusions of Vierordt; that to keep an adult man in good condition, there must be taken and digested, daily,

| | |
|---------------------------|---------|
| Albuminous matters, about | 4 oz. |
| Fatty substances (fat), | 3 oz. |
| Amylaceous food, | 10½ oz. |
| Salts (extra), | 1 oz. |

And in the same period the human system requires about eighty-four ounces of water, and in respiration twenty-three ounces of oxygen.

In reference to the digestion of fatty substances and the relations of the hepatic and pancreatic secretions to that process, we observe that Dr. Day inclines to the opinion that it is mainly by the former and not by the latter secretion that fatty food is prepared for assimilation. He does not directly confute the conclusions of Bernard and Dalton, but he adduces the experiments of Frerichs, Lenz, Lehmann, Bidder, and Schmidt, and says:

"They seem to afford conclusive evidence that a similar result does not take place in the intestinal canal," (i.e. an emulsion of the fat with the pancreatic fluid), "and," he continues, "it is most probable that it is in consequence of its admixture with the acid gastric juice that the pancreatic fluid loses this property. In support of the view held by Bernard's opponents it may be further urged that the chyle always contains a far larger amount of the neutral fats than of fatty acids, and that after the establishment of a fistulous opening which allows of the external escape of the pancreatic fluid, the fat taken with the food seems to be absorbed as readily and completely as before the operation."

Our author appears to doubt the correctness of Bernard's assertion that the opponents of his views have erred in consequence of their imperfect anatomical knowledge, yet he does that distinguished physiologist the justice to note that assertion. Now as we have repeatedly seen the demonstration of Bernard's statement respecting double outlets of the pancreatic secretion into the intestine, and from the elaborate experimental tests of Prof. Dalton have witnessed a more conclusive demonstration of the agencies and probable processes in the digestion of fatty substances than were instituted by the authorities upon whom Dr. Day relies in this matter, we must adopt the views of Bernard and Dalton on this subject. We need not dwell upon this; but before turning to another division of the treatise, we would refer to the author's statement that *curarine* becomes changed in the digestive cavity so that it loses its poisonous properties. Otherwise, says he, it would be as poisonous when taken into the stomach as when introduced directly into the blood. Some of the facts relating to this subject are yet unexplained, but the actual experiment of introducing large quantities of the curara into the dog's stomach through a fistulous opening, and after a time withdrawing some of the pulpy fluids from the stomach and inserting a small portion under the cutis of another animal in health and then witnessing the prompt and fatal effect of that poison, as it has often been performed by Prof. Dalton of this city, shows that Dr. Day has drawn an incorrect inference upon this point, so far as relates to any change effected upon this particular poison by the gastric juice.

But it is difficult to find many statements in this admirable volume that invite criticism. It is incomparably the most faultless and the best arranged compendium of vital chemistry that has yet appeared in the English language. We have recommended it to our advanced students, and we unhesitatingly commend it to our professional brethren as the treatise best adapted to the practical necessities of medical men.

As the volume should be placed in every physician's library, our readers will excuse us from entering upon a special review of its elaborate chapters upon the blood, the secretions, the metamorphoses of tissues, the respiration, etc. We need only to remark that those subjects occupy

the greater portion of the volume, and constitute its really attractive features for the mass of readers. We quote a few paragraphs by way of illustration of the author's happy and accurate method of treating every question in those chapters:—

"The blood-corpuscles must be regarded as cells having special contents, and their activity of metamorphosis must vary with the nature of the fluid in which they are suspended (the plasma). The actual metamorphoses that result from the reciprocal action of the cells and the plasma are not however yet accurately known. . . .

"The blood-corpuscles, like all other vital cells, doubtless have a definite period of existence, although we do not know what that period is, and the mode and process of their disintegration are equally unknown to us. We know this much, however, that the cells of the same blood vary in the length of time during which they can resist destructive chemical agents, and hence it is conjectured that the cells that first give way are the old ones."

Again speaking of the uses of fat in the nutritive metamorphoses, after alluding to the ingenious theory of Persoz and Boussingault respecting cell-formation by means of fat vesicles and albuminoid coverings, the author says:—

"We are not prepared fully to support this apparently simple explanation of the origin of a cell; but this at least is certain, that fat is always to be found in all highly cellular organs (as, for example, the brain and liver), and in all tissues during the process of their development; pus and certain cancerous growths are rich in fat; the hair-bulbs present an active formation of new cells, and we find them imbedded in the sebaceous glands; the chyle, which always abounds in cells in various stages of formation, always contains much fat; the germ in the eggs is surrounded by the fatty yolk-fluid; and numerous fat-globules are found in the muscular and other foetal tissues."

The study of physiological chemistry having become indispensable in medical education, and, with anatomy, constituting not only the very elements of histological science but the true basis of accurate pathology, the faithful teacher and the busy practitioner may alike congratulate themselves upon the possession of Dr. Day's new book. It is the most complete, compendious, accurate, and practically suggestive of any treatise of the kind. Its arrangement is right, and the illustrations (mostly from Funke's Atlas) are finely engraved, and sufficiently numerous. The sections treating of Respiration, the Metamorphoses, the Blood, and the Urine, are replete with practical suggestions, and every page of the volume affords evidence of thorough familiarity with all the great truths of vital chemistry, and bears the impress of a sound practical mind fully informed upon every question in physiology and practice. Indeed it is the crowning excellence of this treatise that it is the production of a practical physician who is acknowledged to have no superiors in the extent and accuracy of mere chemical and physiological knowledge, while as a philosophical physician he had no other object in view than the production of a compendious manual that should attractively teach and illustrate the applications of "Chemistry in its Relations to Physiology and Medicine." Thus the title of the volume is the most perfect definition of its contents.

THE HAHNEMANN MEDICAL COLLEGE, of Chicago, commenced its session with three students, and as these wanted their tickets on credit, the course of lectures did not proceed beyond the introductory.

Reports of Societies.

NEW YORK ACADEMY OF MEDICINE.

Stated Meeting, Oct. 3d, 1860.

JNO. WATSON, M.D., President in the Chair.

DISCUSSION ON THE USE OF PESSARIES.

In accordance with the resolution passed at a previous meeting, the discussion upon the treatment of uterine diseases by mechanical appliances was in order.*

Dr. E. R. PEASLEE opened the discussion as follows:—The three principal important questions which arise in connexion with this subject are:—I. Are such appliances ever necessary? II. In what cases are they called for? and III. What are the best instruments for such purposes?

I. In order to be definitely understood in reference to the various mechanical appliances in the treatment of uterine affections, I shall confine myself to the instruments applied *per vaginam*; for although the instruments called utero-abdominal supporters may support the muscles of the abdomen, they can never either reduce a displaced uterus or retain it in place if it be reduced. This is no more possible than it would be to retain any solid body in a definite position in a barrel of water by applying an extra hoop on the outside.

Some maintain that the uterus has no determined position or relation to the other organs of the pelvis, and that, therefore, whether the fundus falls forwards, backwards, or laterally, or is maintained more nearly erect, it is a matter of no importance. Such, of course, object to the use of instruments altogether, inasmuch as to them, for all practical purposes, no such thing as a uterine displacement exists. It is, however, the fact that the uterus, like the bladder, rectum, and kidneys, has its own normal position, the difference being that it is naturally more movable than some of the other organs. In giving my opinion as to the necessity of this class of instruments, I would no sooner dispense with the use of mechanical appliances in the treatment of all cases of displacements of the uterus, than I would dispense with the use of splints in the treatment of a majority of cases of fracture.

II. The cases in which pessaries are found useful, are those displacements anteriorly, posteriorly, or downwards, in other words, cases of anteversion, antelexion, retroversion or retroflexion, and prolapsus. In some cases of prolapsus in the first degree, entire relief is instantaneously afforded by the application of this instrument. I allude to those cases where the woman is standing, and where the uterus is elevated upon the tip of the finger even a quarter of an inch, and the unpleasant symptoms disappear, but on withdrawal of the support the suffering returns. Inversion may require the use of the pessary, but, as a general rule, not until the uterus is completely repositioned. Do not understand me to say that all cases of either of these kinds of displacement require the use of the instrument under consideration; I only say that cases occur of each, which I could not conscientiously treat without it. There are cases which give no symptoms at all, and therefore require no treatment whatever. Some of these, however, finally produce serious constitutional symptoms, and for this reason, at length, require treatment of some kind. Some also produce sterility, and require treatment with the object of remedying that condition. There are many cases also which may be treated by astringent applications in the recumbent position, others still in which the displacement is due to inflammation and congestion of the uterus, and which may, therefore, merely require that these conditions, by the appropriate treatment, be removed. Still, there remains a class of cases, as I have before stated, which I should not consider myself justified in treating without the

* The reader is referred to the meeting of Aug. 1st, on page 123.

use of instruments applied *per vaginam*. Some object entirely to the use of pessaries as very injurious, and yet do not hesitate to apply a ball soaked in an astringent solution. This, however, is itself a pessary, differing only from the instrument generally used in being medicated. Any instrument or substance applied *per vaginam* to maintain the uterus *in situ* is for all practical purposes a pessary. Astringent suppositories may be used too small to accomplish this object; and if so, they are merely astringent applications, but not pessaries. It is objected to pessaries that they distend the upper extremity of the vagina, and thus serve to perpetuate any relaxation that may previously exist there. The instrument, however, at first should be as small as will answer the purpose, and another still smaller should be substituted as soon as the latter will accomplish the object, and so on until no instrument is any longer required. And here I should remark, that we are generally inclined to apply unnecessarily large instruments to begin with. It is objected that pessaries produce ulceration of the vagina, and that they have sometimes found their way by ulceration even into the bladder, but the pessary should not, any more than any other mechanical appliance, be lost sight of after its application. Pessaries are also said to produce inflammation of the vagina and uterus, a result which I have never seen produced when they have been applied in a proper manner, and under proper circumstances. I should make it a rule, never to apply a pessary, so long as there was inflammation or congestion of either the uterus, ovaries, or vagina; and if applied in accordance with the principles that are indicated, they will not be found to be injurious in the treatment of cases of this kind. But, on the other hand, in some cases they are found not only to be beneficial, but quite indispensable to cure.

III. Though many pessaries have been used, they may be included under three general heads: the globe, discoid, and annular or ring pessary. The stem pessary is also very useful in certain cases, which may therefore be mentioned in connexion with these. The discoid may now be regarded as obsolete. Of the three other kinds, each has its particular advantages as adapted to particular cases.

Dr. MEIGS is inclined to make a very general use of the globe pessary. I should, however, restrict its use more especially to cases of displacement of either of the three kinds mentioned, in which the uterus becomes fixed, whether by adhesion or otherwise. In cases of this kind, and especially of prolapsus in the second degree, with immobility of the uterus, I have found the globe pessary to be of great service. If one be introduced into the vagina so as to protrude slightly, it will in some cases, within twenty-four hours, become inclosed in the canal, and thus elevate the uterus to the normal position, as I have had occasion to observe. The globe pessary is also recommended in cases of prolapsus attendant upon rupture of the perineum, though I am not aware that here it possesses any peculiar advantages.

The stem pessary I should restrict to the treatment of prolapsus where the uterus is forced downwards by either an intra-uterine or extra-uterine tumor, and in which no other instrument would be found sufficient to support the organ.

The annular or ring pessary is found useful in a great diversity of cases. It may be made with a variety of substances, but I prefer that consisting of a watch spring covered by gutta percha; and that made of pure tin. The former can be used either in a circular or elliptical form, though it cannot be bent in its original plane. The latter being flexible, and yet sufficiently firm, can be applied in a great variety of forms, and thus be adapted to a great diversity of cases. Of the precise manner of application in the different class of cases I do not now propose to speak.

I have thus far spoken merely of intra-vaginal pessaries; these alone are required in the treatment of prolapsus, and that they may entirely remove the symptoms in many cases of the anterior and posterior displacements. It is, however, entirely impossible, from the anatomical relations

of the uterus, that an intravaginal instrument should retain the uterus precisely in place, if it has been replaced, in either of these two classes of displacements before mentioned. We must use an instrument which enters the uterine cavity itself. I have said here, on a former occasion, that what I call the radical treatment is actually required in but a very small number of cases, and that, whenever attempted, the uterus must be educated to the tolerance of the instrument. I have found that, when the uterus can bear the common uterine sound for six hours at a time, the intra-uterine instrument, which I have before described here, may be worn.

I have said, however, that in some cases I have removed it for a day or two at the end of a week, if it produced much discharge, and then replaced it. I do not, however, propose now to repeat what I have before said on the occasion alluded to.

At that time I spoke of another more simple instrument which I had used more particularly in the treatment of antelexion, and to which I would now call your attention. It consists of a tube three-sixteenths of an inch in diameter, and about three inches long, passing through two hollow bulbs, also of pure silver. The uppermost of these is about three-quarters of an inch in diameter, and the part above it is the stem or intra-uterine portion of the instrument. The other bulb is of similar construction, and about an inch in diameter, placed at the upper end of the tube, about three-quarters of an inch from the above mentioned. The instrument is introduced upon a staff, and then the latter is withdrawn. When introduced, the os uteri rests upon the upper bulb, while the lower one rests upon the posterior wall of the vagina. It might be supposed that so simple an instrument might fall out of that canal, but this is not found to be the fact in practice, since the walls of the vagina close in around the lower bulb and between the two. It can of course be used only in cases in which the vagina is still narrow and retains its tonicity. And in these conditions it may also answer a good purpose in retroflexion. I have never seen any severe symptoms produced by the use of this instrument, and have had patients wear it for four months.

Dr. J. MARION SIMS, after thanking Dr. Peaslee for his remarks upon the subject, stated that the opinion in reference to pessaries had very much changed within the last twenty-five years. The profession were very much indebted to Dr. Hodge, of Philadelphia, for taking a stand in this matter, but they did not seem rightly to appreciate the fact that each case should be a study by itself, and have a particular instrument, which should be entirely adapted to the indications therein set forth. Thus far he has found the tin annular pessary, as devised by himself, to be the least liable to objections, inasmuch as by its flexibility it would be adapted to a great variety of cases. He coincided entirely with the views advanced by Dr. Peaslee.

Dr. A. K. GARDNER said: After the very full and evidently carefully studied remarks of Dr. Peaslee, and those appended by my friend Dr. Sims, it requires no little courage for me to get up here and say that I dissent almost entirely from the statements made by these distinguished gentlemen in regard to the beneficial effects resulting from pessaries of any form and used in any manner. And in expressing this dissent, I will take up some of the points in the paper and follow the speaker in the order in which he has introduced the subjects.

In the first place, I differ from Dr. Peaslee in his estimate of the abdominal supporters of the many various kinds which are to be found in the shops, and as "uterine supporters or braces" are hawked over the country by itinerant doctors. I have seen many cases much relieved by wearing them. I find their use theoretically to be from their holding up the pendulous and weighty abdomen, and the superincumbent viscera which press down the uterus into the cavity of the pelvis—they practically lift off the weight and allow the uterus to retake its normal position.

Secondly, I disapprove, *in toto*, of vaginal pessaries, and

so thorough is my disapproval, that I have not for some years used them in practice. The reasons for this dissent from generally received opinions are both theoretical and practical. Theoretically, they are wrong; they attempt to cure the effect of disease, and not the disease itself. Pessaries are used for prolapsus. Now what is this falling owing to? When the cause is known, we should attack the cause. Falling of the womb arises either from disease of the vaginal walls or the ligaments of the womb, which, rendered lax, are incapable of holding up the womb, or if these organs are normal in their character, there is some abnormality about the uterus increasing its weight and thus forcing it down, by overcoming the natural supports of the womb, into the vagina. The treatment should be directed to curing the disease upon which the prolapsus depends, and not in holding up the organ by external mechanical means.

Thirdly. Theoretically, then, the use of this instrument being unadvisable, practically we have no better reason. We have not the good results claimed for them by many, and we have numerous evils resulting from their use. They are foreign bodies and act as irritants, producing many disastrous results, leucorrhœa, abortion, hæmorrhage, and by pressing upon the rectum, constipation, and sometimes more serious ills. They are considered to be harmless instruments, and one is inserted in the vagina, and the patient is sent away thousands of miles, perhaps, as if no injury could be effected. What would be thought of a surgeon who would put a starch bandage on a leg and allow his patient to go to New Orleans? And yet into a delicate and diseased vagina he inserts a torturing pessary, and sends the patient away as unconcerned as if it were only an apple dumpling he had put into her stomach. Some of the members of the Academy will remember that I narrated a case some year or two ago of a young woman from whose vagina I removed a globular silver-gilt pessary, which had produced a vesico-vaginal fistula, and caused sloughing of the vagina, great disease of the rectum, and the urine flowed by several openings through the labia, and even above the pubes. The pessary itself was honeycombed with corrosions, green with verdigris, and full of the most noisome pus, while the poor, bedridden girl, had not for years got up from her bed, and had actually forgotten that this direful instrument had ever been applied. This is but an exaggerated case of what frequently happens. It is because that they are so liable to be forgotten that part of these dangers is to be found.

We have not only vaginal pessaries, as described by Dr. Peaslee, of the solid metal, the ring, horseshoe, etc., but we have cups of metal or boxwood, supported by a metallic wire, running out of the vagina and bent around the pubes, fastened to a cushion firmly fixed above the pubes. This is the best of all vaginal pessaries, inasmuch as it makes no pressure upon the vagina, and acts in an injurious manner only as a foreign body, distending, but not harshly pressing upon the vagina. Yet accidents happen with these. One woman was not long since admitted into Bellevue Hospital, where the os uteri had dilated under the pressure so as to allow the cup to pass entirely through the cervix into the uterus, and this had again contracted, and when observed, held the cup firmly within it. The patient was admitted, because her medical attendant could not extract the pessary by any force applied on the portion of the wire which remained in the vagina. Accidentally meeting the gentleman attending this case, he told me that the next day he intended to divide the neck and cut the cup out, as it was impossible to withdraw it. I advised him not to do so, as he would thus produce a wound hard to heal, and attended with after results of some importance, and probably by immediate inflammation of unknown extent; and advised him rather to endeavor to withdraw it by imitating the manner of its entrance, and by slow and continued traction to finally weary the uterine sphincter, and thus obtain dilatation of the os, and the easy expulsion of the pessary. This could be effected by tying to the attached

wire an india-rubber strap, the other extremity being fastened to the bedpost, by which persistent contraction the cup would probably be pulled out as gradually as it was pushed in. This procedure was tried, and the result proved entirely satisfactory.

So too I lately saw a case treated by a distinguished physician of Philadelphia for partial prolapsus and retroflexion, where the cause was an undiscovered fibrous tumor coming off posteriorly, just at the junction of the neck and body of the uterus, and mechanically tilting the uterus backwards. The horse-shoe pessary, used for a year, was here uncalled for, and could produce only evil.

Next, what is produced by a pessary? The vagina, it would seem, is supposed to be a hollow empty tube; but in truth the vaginal walls are in close coaptation—so much so that when a woman is immersed in water, not a drop goes into the vagina. This is generally forgotten. Now any instrument, however small, or the finger, passing into the vagina, pushes a fold before it, and with more or less force separates the parts. Now when a pessary is introduced it is a constant violence; then its weight injuriously presses somewhere, and if it supports the uterus at all, this weight too, falls upon some spot of the vagina which is speedily ulcerated or inflamed, and leucorrhœa is the inevitable attendant. Finally, when the pessary is removed (but pessary-wearing patients, like homœopathic ones, are never cured, and it is rarely ever removed permanently)—if it is removed, what have we then? We have a *hole formed by the pessary*, and not only has it by forming this hole destroyed the natural support of the vagina, the main support of the uterus, but we have a place all made, a vacuum into which the now unsupported uterus will necessarily fall—and even a small pessary, as stated, must make a small hole—and the last state of that woman is worse than the first.

Other objections might be here made which are as applicable to the use of the stem-pessary, and which I will mention hereafter in that connexion and process.

Fourth. I pass to the consideration of the stem-pessary now advocated by Dr. Peaslee, which is the more astonishing as he is the only person that I know of who now uses them, and which I can only conceive possible by recognising the fact that he uses a pessary of his own invention, and which is, I may say *en passant*, unquestionably the best instrument yet made of that character.

The stem-pessary claimed to have been invented by Simpson of Edinburgh, Valleix, Roser and others of Germany, is, I think, an exploded instrument for the cure of displacements. This uterine deviation is either acute or chronic. When acute, the result of any accident, the uterine sound should be introduced into the cavity, or one finger into the vagina and another into the rectum, according to its character, and then, it easily being restored to its normal position, with a few days of rest, the patient is cured. But if it is chronic, it may have been the neglected result of accident, or the woman was married early and before the organ had attained its full dimensions, and it had been displaced by vigorous coition, and then we have had inflammation with more or less adhesions, even to a complete binding down of the organ to the parietes of the pelvis, and then this result of disease is unalterable.* If the sound raises it a bit, it falls back again and again as oft as repeated,

* A specimen beautifully illustrating this statement I recently saw in the possession of Prof. Jacobl. It was removed from the body of a lady who had died of disease of the heart, the symptoms of which were so severe as to cause the uterine affection to be disregarded during life, although the fact was known that there was some uterine displacement. Had there been no concomitant disease, she would, according to the theory advanced, have been subjected to this process of impalement; the uterus by means of the sound would have easily been restored to its normal position, and would more speedily have returned to its abnormal one; then the stem-pessary would have been introduced with its concomitant offensive leucorrhœa and its attendant dangers, and when after a lapse of time the stem-pessary being removed, it would as I have before stated, have returned to its flexed position, and the specimen showed the reason. The uterus was not only retroflexed, but thin, firmly organized membranous bridges, three or four in number, extended between the uterus and the rectal wall, which were so elastic as to allow the uterus to be moved, and which also by the same property pulled the uterus back again so soon as the support was removed.

and the introduction and wear of the stem but makes disease where none exists, and the organ returns to its position as soon as the support is removed.

In other acute cases we have a flexion or version, the result not of accident but of disease. The uterus has undergone a *fatty degeneration* at the point where it has given way, and although it may be forcibly lifted up and perhaps kept up for weeks and months, so soon as the support is removed the uterus necessarily returns to its position, because there is want of substance to maintain it, if not also a cicatricial contraction. It would be as unscientific in these cases to apply a stem-pessary as to attempt to straighten a curved spine after the bodies of the vertebra have been eaten away. It may be held up for a time, but nature will not unfortunately put in a new "underpinning" while it is thus mechanically supported.

Furthermore, interference of this sort is uncalled for. This condition of things is not disease, but the result of disease. Science can sometimes prevent and cure diseases, but what disease has destroyed science cannot restore. Flexions of the womb are of little or no importance, save as they are or are not associated with inflammation in its various forms. This we may cure, and this is what we should treat, when these cases come to us, and by so doing we may do great good, and when this is effected, if there has been no actual disorganization, the uterus may retake its normal situation.

Again we are not justified in using the stem pessary in any great number of cases, even if it is conceded to be occasionally beneficial. This opinion is concurred in by Simpson, Scanzoni, Kiwisch, Aran, Nonat, in fact by all the gynecologists of the world. Its accidents are too fearful—and these accidents too frequent. Inflammation of the uterus resulting therefrom is propagated to its appendages and the peritoneum, with great pain, danger, and even death.

While I thus, in common with others, and for the above reasons, renounce the use of the stem-pessary for the treatment of flexions, I do advocate and use a pessary with a smaller stem, which does not enter into the cavity of the uterus proper, but merely into the neck, for the cure of cervical contractions, that is to say, for strictures, and for this purpose will gladly avail myself of the small instrument exhibited by Dr. Peaslee of his invention, which is a modification of a pattern which I have used somewhat for such purposes. I never see any cases of flexion uncomplicated. There are many women, of whom there was never a suspicion that there was any flexion of the uterus, till it was revealed by a post-mortem. A flexion is not disease as I have several times repeated, but the result of disease, and it often exists for many years unsuspected, and is not discovered until she goes to a physician for some complication. The possessor of this malposition is unquestionably predisposed to local disturbances, to inflammation of the uterus, etc., and the physician who examines the patient imagines that in discovering a chronic flexion, he has found the actual source of all the difficulty. No such thing, he has found only a "complication" aggravated by the abnormal position of the organ. Now what is the treatment? Simple enough. Treat the complication which alone is curable. Cure the inflammatory or ulcerated condition by leeches, scarifications, cold injections, purgatives, etc., as may be required. So soon as the "complication" is relieved, the flexion still remaining, the patient is as well as she can be. I never see any but complicated cases.

(To be continued.)

PROF. HAMILTON, of Starling Medical College, Ohio, states that Dr. Henry Hewitt, of Valparaiso, South America, recently reported that Gage, the man through whose head a tampering-rod, seven inches long, an inch and a quarter in diameter, and weighing 13½ lbs., passed, is living in Chili, in the enjoyment of good health.

M. Groux, with the congenital fissure of the sternum, is again exhibiting himself in London.

Correspondence.

EXORBITANT CHARGES OF APOTHECARIES.

[To the Editor of the AMERICAN MEDICAL TIMES.]

DEAR SIR—It has been asserted that he who adds one drop to the sea of human happiness is a benefactor. As such is entitled to some consideration, may I ask for a small space in your Journal wherein to contribute a drop of comfort to "A Physician," who, in your last issue, was much perplexed at the exorbitant charges of those who compound his prescriptions. And as he sees no alternative but secession from that useful auxiliary branch of medical art styled Pharmacy, I may be permitted to suggest a much more simple and equally effective remedy against the evil, in his employment and encouragement of those who are more just in their charges. This idea, however, presents the real difficulty to be overcome.

How shall we determine the justice of the apothecary's charges, or where shall we find a standard or basis for a judgment of them? Shall we look to that which establishes the just recompense to the physician, for his long devotion to study and research, and for the responsibility of his position; or to that standard which determines the exact value, by computation, of time for the cobbler's patch and the cost of the material? The life of the physician is one of toil and anxiety; that of the apothecary scarcely less so; and we should seek to stimulate in him a rivalry with his fellow-laborers for increased proficiency in his calling, rather than a dollar and cent competition. When a proper remuneration for the qualified apothecary is fairly determined on, the course is clear, encourage the just.

Of the doctor's experience in homeopathic competition, he can best speak; he may feel its effect, but I think he is at fault in his diagnosis of the cause; for it is well known that the homeopathic physician fully covers all expenses in his fee.

There are causes for retaining the family physician, and others equally cogent for his dismissal, as the following relation of facts will show:

A lady possessed of opulence and economical habits, called on a physician to request that he would visit her sick daughter. The physician being informed that the invalid was not under the care of any other, complied with the mother's request, who, in accordance with her custom, desired to drive a bargain; and the following colloquy ensued. "Doctor, how much will you take to cure my daughter—no cure, no pay?" The doctor replied, that he did not practise on that principle; he would exercise his utmost skill in the case, and charge, as was his custom, one dollar per visit. "Oh," said the mother, "our old family physician never charged over fifty cents." "Then," remarked the physician, "I advise you to recall him." "But," said the mother, "he has already attended her without benefit, and you have been highly recommended for her case." "Madam, that is of secondary consideration; his charges defy competition."

Thus you see there may be differences between the physician and the patient, without the intervention of the apothecary.

One word further in regard to the custom that our medical friend would recommend; he knows two or three old medical practitioners who carry their pills in their pockets. What disciple of the mortar and pestle does not know, within his own experience (leaving presumptuous inference to others), of at least two or three practitioners who carry pills, perhaps, to protect those who can pay; while the poor are handed over, by prescription, to the tender mercy and cold charity of the

APOTHECARY.

ANNUAL REPORT OF ST. LUKE'S HOSPITAL.

FOR THE YEAR ENDING OCTOBER 18, 1860.

[To the Editor of the AMERICAN MEDICAL TIMES.]

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The bill of mortality for the past year shows a reduction of over five per cent. from that of the previous year. As explanatory of the still somewhat large proportion, it is sufficient to state that many cases, not ordinarily eligible to hospitals, have been here admitted; cases found only when in the last stages of disease, sometimes even moribund, and brought into the wards, not that they may be afforded medical relief, but that their last hours may be rendered more comfortable. Their only record is their certificate of death, and they ought rather to be ranked as beneficiaries of the church than as patients of the hospital.

The general hygienic arrangements of the house, have still proved most satisfactory. In behalf of the Attending Physicians and Surgeons,

EDWARD B. DALTON, M.D., Resident Physician.

FOREIGN CORRESPONDENCE.

BETHLEM HOSPITAL.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR—Bethlem Hospital has long been one of the "lions" of London. In Pepys's day parties used to be made to mock and gibe at its unhappy inmates, and to "stir them up with a long pole" for amusement. Although, with Molière's physician, "*nous avons changé tout cela*," it is still a centre of attraction—after its kind; to foreigners more especially so; and, as an American, proud of the advance he fondly believes to have been made in his own land over others in the conduct of most philanthropic institutions, I have been led to visit it by the desire of comparing, on my return home, our similar establishments with the reputed

model one of the old country. This not unnatural wish was further stimulated by the perusal of an article on Insanity and Lunatic Asylums, which appeared in a late number of the *Quarterly Review*; but still more by having accidentally become acquainted with the private history of a party confined in one of the *Criminal Wings* of the Hospital, or parts devoted to the reception of those unfortunate persons who in delirium have committed offences that, but for their insanity, would have forfeited their lives. Moreover, some brief observations in reference to the position of this much-to-be-pitied class of individuals, published from time to time in the *Household Words*, had interested me not a little in the subject. I resolved, when I had the opportunity, to make public such remarks as I had to offer, and to court inquiry; so that if the same evils which I, in common with every man of ordinary humanity, could not help deploring as soon as known, should happen to exist in the United States, the people may speak the word and the remedy be at once applied.

It appears that every improvement which has taken place in Great Britain in the treatment and condition of the insane has been commenced by private persons, and has been hardly wrung from and forced upon corporate bodies and the government. A few years ago occurrences which need not be detailed drew inquiry into the state and management of Bethlem Hospital. The public mind was fairly roused, and when *John Bull* is once awakened—he rings true metal and—goes to work. The Hospital (from its extent rather than its architecture, an imposing building, and capable of accommodating about four hundred patients) was found to be what the *Criminal Wings*—to the disgrace of the government and, through its infamous neglect, of the jealous but easily gulled British people—still remain, namely, more gloomy, depressing, and virtually uncared for than most prisons: a slough of despond more fitted to insure perpetual madness than cure a disease which is as manageable and curable as any other, if treated with care and judgment. The dietary, too, was deficient.

All this—the Hospital enjoying a princely income—was pronounced, like a noble sinecurist's prayers for more sinecures, "too bad." The committee—city great men, corporationists, men of "calipash and calipee"—had to eat humble pie. The constitutional iron-gratings were torn from the windows; light and air let in; continental improvements, both ornamental and remedial, introduced; the medical staff changed; the dietary amended—certainly not perfected; and—worse and more humiliating still—this bloated, plethoric, pudding-headed, and beef-witted civic institution, compelled to renounce its independence and submit to the visitation of the Commissioners in Lunacy.

As at present altered, rather than re-formed, the Hospital has become a fashionable show-place. This is in some degree to be deplored, inasmuch as the health and comfort of the patients are, it is to be feared, largely sacrificed for the sake of keeping up appearances.

To instance. The hour of rising is 6 A.M.; of going to bed, 8 P.M.; and out of these fourteen hours, *barely two* are devoted to out-of-door, or indeed any exercise, whilst to make the matter worse, the exercise hours are those most unsuited to the purpose—being either from ten to twelve, that is, when the heat of the day in summer renders brisk locomotion inadvisable or rather impossible, or else from two to four, still more unsuitable at the same season of the year, and made even more so by the fact that one o'clock is the dinner hour. Being up at six, the patients might easily breakfast at seven, instead of at eight, as at present; and, for two-thirds of the year, be out and have two hours' fresh morning air and the genial time for exercise in the English climate, before ten, their present airing hour. In the summer months they ought to go out in the evenings from five to seven, or half-past; and afternoon exercise, that is, exercise taken shortly after dinner, ought to be regulated according to the seasons and state of the weather.

and the introduction and wear of the stem but makes disease where none exists, and the organ returns to its position as soon as the support is removed.

In other acute cases we have a flexion or version, the result not of accident but of disease. The uterus has undergone a *fatty degeneration* at the point where it has given way, and although it may be forcibly lifted up and perhaps kept up for weeks and months, so soon as the support is removed the uterus necessarily returns to its position, because there is want of substance to maintain it, if not also a cicatricial contraction. It would be as unscientific in these cases to apply a stem-pessary as to attempt to straighten a curved spine after the bodies of the vertebra have been eaten away. It may be held up for a time, but nature will not unfortunately put in a new "underpinning" while it is thus mechanically supported.

Furthermore, interference of this sort is uncalled for. This condition of things is not disease, but the result of disease. Science can sometimes prevent and cure diseases, but what disease has destroyed science cannot restore. Flexions of the womb are of little or no importance, save as they are or are not associated with inflammation in its various forms. This we may cure, and this is what we should treat, when these cases come to us, and by so doing we may do great good, and when this is effected, if there has been no actual disorganization, the uterus may retake its normal situation.

Again we are not justified in using the stem pessary in any great number of cases, even if it is conceded to be occasionally beneficial. This opinion is concurred in by Simpson, Scanzoni, Kiwisch, Aran, Nonat, in fact by all the gynecologists of the world. Its accidents are too fearful—and these accidents too frequent. Inflammation of the uterus resulting therefrom is propagated to its appendages and the peritoneum, with great pain, danger, and even death.

While I thus, in common with others, and for the above reasons, renounce the use of the stem-pessary for the treatment of flexions, I do advocate and use a pessary with a smaller stem, which does not enter into the cavity of the uterus proper, but merely into the neck, for the cure of cervical contractions, that is to say, for strictures, and for this purpose will gladly avail myself of the small instrument exhibited by Dr. Peaslee of his invention, which is a modification of a pattern which I have used somewhat for such purposes. I never see any cases of flexion uncomplicated. There are many women, of whom there was never a suspicion that there was any flexion of the uterus, till it was revealed by a post-mortem. A flexion is not disease as I have several times repeated, but the result of disease, and it often exists for many years unsuspected, and is not discovered until she goes to a physician for some complication. The possessor of this malposition is unquestionably predisposed to local disturbances, to inflammation of the uterus, etc., and the physician who examines the patient imagines that in discovering a chronic flexion, he has found the actual source of all the difficulty. No such thing, he has found only a "complication" aggravated by the abnormal position of the organ. Now what is the treatment? Simple enough. Treat the complication which alone is curable. Cure the inflammatory or ulcerated condition by leeches, scarifications, cold injections, purgatives, etc., as may be required. So soon as the "complication" is relieved, the flexion still remaining, the patient is as well as she can be. I never see any but complicated cases.

(To be continued.)

PROF. HAMILTON, of Starling Medical College, Ohio, states that Dr. Henry Hewitt, of Valparaiso, South America, recently reported that Gage, the man through whose head a tamping-rod, seven inches long, an inch and a quarter in diameter, and weighing 13½ lbs., passed, is living in Chili, in the enjoyment of good health.

M. GROUT, with the congenital fissure of the sternum, is again exhibiting himself in London.

Correspondence.

EXORBITANT CHARGES OF APOTHECARIES.

[To the Editor of the AMERICAN MEDICAL TIMES.]

DEAR SIR—It has been asserted that he who adds one drop to the sea of human happiness is a benefactor. As such is entitled to some consideration, may I ask for a small space in your Journal wherein to contribute a drop of comfort to "A Physician," who, in your last issue, was much perplexed at the exorbitant charges of those who compound his prescriptions. And as he sees no alternative but secession from that useful auxiliary branch of medical art styled Pharmacy, I may be permitted to suggest a much more simple and equally effective remedy against the evil, in his employment and encouragement of those who are more just in their charges. This idea, however, presents the real difficulty to be overcome.

How shall we determine the justice of the apothecary's charges, or where shall we find a standard or basis for a judgment of them? Shall we look to that which establishes the just recompense to the physician, for his long devotion to study and research, and for the responsibility of his position; or to that standard which determines the exact value, by computation, of time for the cobbler's patch and the cost of the material? The life of the physician is one of toil and anxiety; that of the apothecary scarcely less so; and we should seek to stimulate in him a rivalry with his fellow-laborers for increased proficiency in his calling, rather than a dollar and cent competition. When a proper remuneration for the qualified apothecary is fairly determined on, the course is clear, encourage the just.

Of the doctor's experience in homœopathic competition, he can best speak; he may feel its effect, but I think he is at fault in his diagnosis of the cause; for it is well known that the homœopathic physician fully covers all expenses in his fee.

There are causes for retaining the family physician, and others equally cogent for his dismissal, as the following relation of facts will show:

A lady possessed of opulence and economical habits, called on a physician to request that he would visit her sick daughter. The physician being informed that the invalid was not under the care of any other, complied with the mother's request, who, in accordance with her custom, desired to drive a bargain; and the following colloquy ensued. "Doctor, how much will you take to cure my daughter—no cure, no pay?" The doctor replied, that he did not practise on that principle; he would exercise his utmost skill in the case, and charge, as was his custom, one dollar per visit. "Oh," said the mother, "our old family physician never charged over fifty cents." "Then," remarked the physician, "I advise you to recall him." "But," said the mother, "he has already attended her without benefit, and you have been highly recommended for her case." "Madam, that is of secondary consideration; his charges defy competition."

Thus you see there may be differences between the physician and the patient, without the intervention of the apothecary.

One word further in regard to the custom that our medical friend would recommend; he knows two or three old medical practitioners who carry their pills in their pockets. What disciple of the mortar and pestle does not know, within his own experience (leaving presumptuous inference to others), of at least two or three practitioners who carry pills, perhaps, to protect those who can pay; while the poor are handed over, by prescription, to the tender mercy and cold charity of the

APOTHECARY.

ANNUAL REPORT OF ST. LUKE'S HOSPITAL.

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To instance. The hour of rising is 6 A.M.; of going to bed, 8 P.M.; and out of these fourteen hours, barely two are devoted to out-of-door, or indeed any exercise, whilst to make the matter worse, the exercise hours are those most unsuited to the purpose—being either from ten to twelve, that is, when the heat of the day in summer renders brisk locomotion inadvisable or rather impossible, or else from two to four, still more unsuitable at the same season of the year, and made even more so by the fact that one o'clock is the dinner hour. Being up at six, the patients might easily breakfast at seven, instead of at eight, as at present; and, for two-thirds of the year, be out and have two hours' fresh morning air and the genial time for exercise in the English climate, before ten, their present airing hour. In the summer months they ought to go out in the evenings from five to seven, or half-past; and afternoon exercise, that is, exercise taken shortly after dinner, ought to be regulated according to the seasons and state of the weather.

The immense importance of air and exercise to the insane especially, may be estimated by the fact that, stating the elements of recovery to be ten, air and exercise may be set down as equivalent to seven of the number.

Various reasons would, doubtless, be alleged by the authorities of the Hospital in defence of this monstrous abuse, or to excuse it. The plain truth, I am induced to believe, is that the hours, from 6 A.M. to 10, breakfast and its preparation included, are spent in making the wards, galleries, etc., sightly and presentable to the visitor, the hunter for *gape-seed*, or, maybe, a committee-man, seized once and away with an idea that his walking through the edifice as quickly as he can stride is an act equally magnanimous, serviceable, patriotic, and philanthropic. All being cleaned up and decked out, the next object is to keep it in trim; and too frequent airings in the yards and grounds might bring in a certain amount of dust into the show-rooms, and mar the effect sought to be produced on the sight-seer, who but too seldom reflects that "all is not gold that glitters."

This deficiency of air and exercise falls the most heavily on the Criminal patients, and, next to them, on the "Incurables," or those chronic cases for which large funds have been bequeathed to the Hospital separately from the endowments for the "Curables;" since the latter have the advantage of occasional excursions into the country by railroad and, I believe, by steamboat. But it is those among the Criminal Lunatics who have been restored either wholly or partially to their senses who are the severest sufferers.

The term "Criminal Lunatic," as the Quarterly Reviewer alluded to justly observes, is a misnomer; equally calculated to mislead and prejudice the unreflective part of the community, and to depress, wound, or irritate its recipient. It is a flat contradiction in terms. But, mark to what a word may lead! A hapless individual, when in an irresponsible condition, commits an act—which, if he recover his senses, embitters his after-existence; and, when recovered, and, humanly speaking, beyond danger of relapse, is in ninety-nine cases out of a hundred condemned to a worse fate than the majority of the most criminal convicts—to imprisonment for life, and that—imprisonment with madmen, subjected to the same humiliating restraints, at the mercy of the same, too often, ruffianly and mostly low and vulgar attendants; and herded—no matter what his breeding, attainments, or previous position, with the off-scourings of humanity! I ask, is it so in this country? If patron England, if Christian and slavery-denouncing England permit this great wrong, can it be otherwise with us? If, indeed, it be so, I feel convinced that publicity will at once sponge out the social anomaly.

So far, however, as the English law is concerned the wrong cannot happen. On attestation of recovery by competent medical authority, the several Secretaries of State are each empowered to liberate the recovered Criminal Lunatic. Practically this power is engrossed by the Home Secretary, whose duties are so extensive that were he sublimated beyond the mortal necessities and imperfections of reflection and sleep, and to devote every second of his time to the duties of his office, he could not get through one-half. It is a rule, it seems, of his subordinate officials, to *shelve*—clerks in public departments will comprehend the full meaning of the term—all petitions and applications for the liberty of any of this Pariah class, except where interest, and in particular that interest which is comprised in the command of sundry Parliamentary votes, can be brought to bear. This is bad enough. It is, however, exceeded in its black badness by the consequences which ensue from the peculiar position of the medical officers of the Hospital. I proceed to explain.

The Criminal Wings of Bethlem were built by the government, which entered into an agreement with the Governor of the Hospital for a stipulated, and, to do it justice, liberal rate of payment, for the cure, care, and maintenance of lunatics who had come within the verge of the law, and

about 120 of whom, male and female, are confined within its walls. This payment includes remuneration to physicians and other officers of the establishment for their additional trouble. Now, the bounden duty, legal and moral, of the medical head of a Lunatic Asylum is to insist upon the removal of its inmates as soon as their sanity is established. This has been done in several instances with reference to Criminal Lunatics in other places—*nominatim* by the principal of a private asylum near Salisbury, with whom are domiciled by the government some seventy or eighty such patients; but whether by official order, whether through a clinging to the old system of civic corporate despotism, or owing to the idiosyncrasy of the medical superintendent—the recovered patient or his friends are point-blank refused a certificate of sanity. What I affirm, I am prepared to prove. Thus, *proh pudor!* the representative of one of the noblest and most exalted of professions debases it and lowers himself by stooping to the functions of a jailer, and the governors and committee of an institution ignorantly supposed to be an exemplar of beneficence, condescend to act the parts of turnkeys! The patients of the class now under consideration released from this medical "prison-house," are so, as I have said, by interest—or else are *dragged out* by some dauntless attorney threatening exposure. Otherwise "three-headed Cerberus" was not a more ruthless janitor than the constabulary of Bethlem Hospital.

I have alluded to the dietary,* which I append below. Bearing in mind that the government pays fifteen shillings and four pence weekly for each Criminal Lunatic, besides defraying the expenses of physician, surgeon, keepers, etc., and that the Hospital has a *net* income of about eighteen thousand pounds, or ninety thousand dollars *per annum*, and not taking into account either that the six ounces of meat—the dinner ration—are more frequently three, or that the quality is often questionable, besides other shortcomings of the kind—I inquire of calculators and contractors the probable profit to the Hospital arising out of the Criminal Lunatics, and should further like to hear from its governors how they dispose of this large surplus yearly income—since surely the maintenance of some three hundred patients yearly, on such a dietary, does not exhaust the eighteen thousand and which they have the disposal of. The gross income of the Hospital, not including the subsidy from government, is about twenty-eight thousand pounds sterling a year.

Moreover, many of the patients, particularly the Criminal ones, are put to use. Some scour and clean; others tailor, make mats, whitewash, house-paint, &c.—doing, in fact, the work of keepers or attendants—who, indeed, in the Criminal Wings are rather the attended upon, having their very shoes blacked by the patients. So fast are some of these "workmen," as they are termed, overworked, that were the Coroner's Inquests held here aught but a farce, very ugly things would creep out. But, though an inquest is held on all who die within the Hospital, its *officers and officials alone are examined*. Be it borne in mind that there are those among the Criminal Lunatics who are as sound of mind and fit to give evidence as any without the walls of the building.

This brings me to another point. Soon after the appearance of the article in the *Quarterly Review*, one of the improved wards in the free or charity part of the Hospital was devoted to the use of some forty of the Criminal patients. I will not now inquire into or throw a slur upon the motives which induced this amelioration; but, unfortunately, from what I can learn, there has been a strange jumbling of the recovered with the all but raving mad, of the better with the worse class of patients, of the inevitably filthy, foul, and disgusting with the more decently conducted. In short, were a premium offered for the quickest and surest mode of driving a recovered or recovering

* DIETARY.—Bread, 7½ lbs.; Meat, 2 lbs. 10 oz.; Vegetables, 5 lbs. 4 oz.; Tea, 1½ oz.; Sugar, 8 oz.; Butter, 8 oz.; Milk, 1½ pints; Small Beer, 9 pints. Weekly—males; females, proportionably less.

patient hopelessly mad, this heterogeneous mixture, this Dead Sea fruit sort of mercy, might boldly claim the prize. As if to enforce this view of the matter, although an infirmary is *locally* attached to this ward, the patients have not the benefit of it. The sick and fetid are kept commingling with the healthy—and the exclamations, sighs, and groans of the dying strike horror into the hearts of those who know that such will one day be their own fate.

If this brief statement of a few of the facts which have come within my own knowledge, should lead to inquiry on both sides of the Atlantic, my purpose is answered. The press is an electric agent, and what it may lack in telegraphic speed, it gains in power. In all civilized countries, even in the least free, its subtle currents permeate; but between England and America its pulse is ever beating. The people of both countries are too generous, when fearful abuses are brought to light, to suffer them to exist. If we are sinning in like manner to that above described, we have the power of making the necessary reforms in our own hands; and though *John Bull* yields to the muzzle on too many subjects, let his really humane heart be touched, and he will have his way—the right way, too.

VIGIL.

Medico-Legal Record.

PROSECUTION FOR ALLEGED MALPRACTICE AFTER THE LAPSE OF SEVENTEEN YEARS—SUIT WITHDRAWN.

The following case, which recently came to hand, is so extraordinary as to demand a record.

On the 9th of Feb., 1843, Dr. S. G. Ellis, an intelligent and well known practitioner, then residing at Gowanda, Cattaraugus Co., N. Y., was called to see Henry C. Springer, æt. 3 years, the child of Samuel C. Springer, residing also at Gowanda. In attempting to climb upon a sled loaded with wood, this child had fallen under one of the runners, and the whole load had been drawn across the lower third of his left thigh, crushing the bone and soft parts, and thrusting one of the ends of the broken bone through the skin until it protruded two inches or more.

Dr. Ellis, seeing the gravity of the accident, and being in doubt whether it was proper to attempt to save a limb thus mutilated, requested them to send for Dr. Seth Field, who was much older than Dr. Ellis, and a man of larger experience. After a careful examination of the case, it was determined not to amputate, but to dress the limb as for a fracture, reserving the amputation for a future day, if it should become necessary.

Dr. Ellis applied a roller to the foot and then up the leg nearly to the knee, and after covering the wound made by the protruding bone with a piece of lint spread with simple cerate, he laid over the whole thigh, from the knee upwards, a Scultetus bandage. Two long splints were employed, one of which reached the axilla and the other the groin, and these were united below the foot by a cross piece. By means of these splints extension and counter-extension were satisfactorily effected. The limb was watched carefully from day to day, and on the third day the Scultetus bandage was opened, and although the skin underneath looked dark and coated with extravasated blood, no actual decomposition had yet taken place. On the fifth or sixth day all the dressings were removed, and a considerable slough separated from the lower and back part of the thigh.

In consultation with Dr. Field, it was again determined to continue the attempt to save the leg. The limb was continued in the straight splints, but it was additionally supported by being placed in a box made with an opening to correspond with the wound, through which it might be dressed.

The wound discharged for four or six weeks; the boy became much emaciated and restless, so that it was difficult to

keep him still. About four months after the accident Dr. Ellis removed the dressings, and supposed the bone had united. The position of the limb was good, and it was nearly or quite its full length.

A few days later the father informed Dr. E. that in getting the boy out of bed in the morning, he discovered that the limb bent at the point of fracture. The splints were at once reapplied by Dr. E., and continued two or three weeks, but as no improvement occurred, by advice of Dr. Field, the long splints were removed, the short splints and bandages being continued, and the boy was encouraged to get about upon crutches, in the hope that use of the limb and improvement of the health might still accomplish the union, but this also failed.

Dr. E. continued to practise in the family of Mr. Springer until he left Gowanda, which was four years ago, and no complaint had ever been made against him for malpractice.

This child of three years at length grew to be a man, and as soon as he was twenty-one years old he commenced a suit against Dr. Ellis, which was noticed for trial in the Circuit Court for Erie Co., N. Y., Oct. 1, 1860. Dr. Ellis made such preparation as he could for a defence. Dr. Field was dead. Another physician who had also seen the child occasionally during the treatment, was dead, and a third medical witness was in an insane asylum. His own recollection of the circumstances was imperfect, and he had no memoranda, inasmuch as he had never anticipated a prosecution. His brother, Dr. D. E. Ellis, who had just been admitted to practice when the accident occurred, was fortunately present at some of the dressings, and was able to testify, as were also one or two non-medical witnesses, who were still living.

On the 24th of March, 1860, Springer consulted Prof. Hamilton, then of Buffalo, in relation to the condition of the limb. He found the bone un-united except by ligament; the point of fracture being about four inches above the joint. He could turn the lower fragment backwards or inwards to a right angle with the upper fragment, but it could not be bent so much outwards or forwards. The whole limb was four and a half inches shorter than the other, but in walking or standing he brought the heel within two and a half inches of the ground, a lateral curvature of the lumbar vertebrae allowing this leg to descend two inches. In circumference, both thigh and leg measured as much as the opposite limb—it seemed to be as muscular. He walked rapidly and without a cane, and was not easily fatigued. When he trod upon this foot with the whole weight of his body he did not feel the bones yield or slide upon each other. In short, although his limb was deformed and imperfect, it was infinitely better than an artificial limb, and so Prof. H. informed him.

Before the case was reached in the October calendar of this court, the suit was withdrawn at the urgent request of the father of the young man, who declared that he saw no justice in its prosecution.

The attorneys in this case were C. C. Torrence of Gowanda, for the prosecution; and Henry Rogers of Buffalo, N. Y., for the defence.

MEDICAL DEPARTMENT OF UNIVERSITY OF THE PACIFIC.—The regular course of lectures in future commences on the first Monday of November, instead of May. There have been two courses of lectures in this institution, the number of students at the first session being eleven, at the second, fifteen. The graduates are—first session, ALFRED ATKINSON, native of England, and CHARLES E. A. HERTEL, native of Germany; second session, CHARLES C. FURLEY, native of the U. S. The *San Francisco Medical Press* says: "Though medical education did not commence until comparatively a late period, when it did commence the system of teaching was, at once, the most rigid; there is now no medical school in the older States, in which the examination for graduation requires a higher order of qualifications than in the Medical Department of the University of the Pacific."

Medical News.

APPOINTMENTS.

DR. EUGENE PEUGNET, late of Bellevue Hospital, N. Y., Assistant Physician at Randall's Island.

DR. J. PARRISH, late of Bellevue Hospital, Assistant Physician in Brooklyn City Hospital.

PERSONAL.

PHYSICIANS VISITING NEW YORK.—Dr. Walcott, Utica, N. Y.; Dr. O. W. Thayer, Binghamton, N. Y.; Dr. Jerome C. Smith, late of McLean Asylum, Mass.; Dr. Levi Bartlett, Skaneateles, N. Y.; Dr. A. H. Wright, formerly of Va., now Missionary Physician at Ooroomiah, Persia; Dr. Wilson, Canada West; Dr. Fayette Jewett, formerly of South Boston, now Missionary Physician, Tocal, Asia Minor; Dr. Ford, Canada West.

LOCATION OF PHYSICIANS.—Dr. JAMES E. REEVES, author of a work on "Enteric Fever," at Fairmount, Marion county, Va.; Dr. G. W. HUNT, late of Bellevue Hospital, at No. 31 Grand st., Jersey City, N. J.; Dr. JOHN HOWE, late of Bellevue Hospital, at No. 211 W. 17th st. N. York City; Dr. ALEXANDER HADDEN, late of Bellevue Hospital, at No. 140 W. 50th st. N. York City.

EPIDEMIOLOGICAL RECORD.—Diphtheria is prevailing very fatally in Madison county, N. Y., particularly in the towns of Hamilton, Lebanon, and De Ruyter. The same malady is also prevailing to some extent in Saratoga county. Sporadic cases continue to appear in New York, Brooklyn, Jersey City, and their suburbs. This threatening distemper has become so extensively diffused in this country, and the probabilities of its continued prevalence are so imminent, that every physician should make himself thoroughly familiar with all that can be known respecting its pathology and treatment.

THE NASHVILLE MEDICAL RECORD comes to us in a new form, being a quarto, and closely resembling the MEDICAL TIMES in the size of its page, and in its typography. This change gives it a most attractive appearance, and will doubtless contribute much to its success. PROF. WRIGHT has retired from its editorial management, and is succeeded by PROFS. ABERNATHY, MADDIN, and CALLENDER, all of the Shelby Medical College.

SUIT FOR MALPRACTICE.—A doctor of San Francisco has been prosecuted for \$10,000 damages, by the father of a little girl, whose thigh being broken was set by the defendant and reunited with some shortening.

DR. G. B. H. MACLEOD has been elected Professor of Surgery in the Andersonian University, Glasgow.

M. HEYFELDER has lately described a case of pleuritic abscess, which pointed between the second and third ribs on the right side. It pulsed with each beat of the heart. He knows of but two similar cases on record; one by Arun, and another by Stokes.

SIR HANS SLOANE was the first physician of England who received the title of baronet; he was very rich, and Lord of the Manor of Chelsea.

DR. WOLFE, the correspondent of the *Lancet* from the hospitals of Garibaldi, has been arrested and tried by a council of war on charges of defamation of the Italian surgeons, of being an adventurer with forged credentials, etc. The charges were not sustained, and he was honorably acquitted.

THE Minister of Public Instruction, France, has published a circular addressed to the directors of schools and colleges, forbidding the use of tobacco and cigars by the students. This movement is due to certain statistical results obtained at the Ecole Polytechnique and other public schools and colleges, attesting that the smokers were also the dunces, and that the intellectual as well as the physical development of the students was checked by the use of tobacco.

TO CORRESPONDENTS.

Does Rice cause Blindness?—In his evidence, in the case of the alleged slaver Kate, last week, in the United States District Court, Capt. Faunce, of the Revenue service, is reported to have stated that "sailors do not generally eat rice, because they think it may make them blind." Can any of the readers of the MEDICAL TIMES explain the origin of this supposed connexion between rice and blindness? J. B. S. N. Y., Nov. 24, 1860.

J. W. R.—We have communicated with the author referred to, but the name is not inserted.

L. S.—The latest work on Diseases of Females is by Prof. Hodge, of Philadelphia.

Does Prof. Willard Parker write for the Reporter?—"A young man purporting to be an agent for the *Philadelphia Reporter*, is travelling through this part of the country in search of subscribers for that journal, and among other inducements which he holds out in favor of the Reporter, is the fact that Dr. Willard Parker regularly reports the practice of the New York Hospitals for its pages. Is there any truth in this statement?"

Onondaga Co., N. Y.

INQUIRER.

This falsehood is too transparent for any sensible physician to waste ink upon.—Ed. MED. TIMES.

COMMUNICATIONS have been received from:—

Prof. LOUIS BAUER, N. Y.; Dr. JAMES C. REEVES, Va.; Dr. G. M. HUMPHREY, Cambridge, Eng.; Dr. WM. PIERSON, N. J.; Dr. S. H. FRENCH, N. Y.; Dr. W. B. ROPES, N. Y.; Dr. J. K. LEAMING, N. Y.; Dr. S. STEVENSON, Mich.; Dr. J. A. PIERCE, Mass.; Dr. J. S. BROOKS, C. E.; Dr. C. E. MURPHY, N. Y.; Dr. T. WILDER, Pa.; Dr. S. ELY, N. Y.; Dr. S. B. BAILEY, N. Y.; Dr. G. CAULIER, S. C.; Prof. A. K. GARDNER, N. Y.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

From the 17th day of November to the 24th day of November, 1860.

Deaths.—Men, 87; women, 73; boys, 110; girls, 99—total, 369. Adults, 160; children, 209; males, 197; females, 172; colored, 7. Infants under two years of age, 121. Among the causes of death we notice:—Infantile convulsions, 31; croup, 8; diphtheria, 14; scarlet fever, 27; typhus and typhoid fevers, 7; consumption, 58; small-pox, 4; dropsy of head, 9; infantile marasmus, 17; inflammation of brain, 9; of lungs, 27; bronchitis, 7; congestion of brain, 8; of lungs, 8; erysipelas, 4; hooping cough, 4; measles, 5.

| Nov. | Barometer. | | Out-door Temperature. | | | Difference of dry and wet bulb. Therm. | | General di- rection of Wind. | Mean amount of cloud. | Rain. |
|-------|-----------------|-----------------|-----------------------|------|------|--|------|------------------------------------|--------------------------|-------|
| | Mean height. | Daily range. | Mean | Min. | Max. | Mean | Max. | | | |
| | | | | | | | | | | |
| | In. | In. | ° | ° | ° | ° | ° | | 0 to 10 | In. |
| 18th. | 29.44 | .27 | 46 | 44 | 50 | 3 | 4 | SW. | 9.4 | .4 |
| 19th. | 29.44 | .07 | 45 | 40 | 52 | 4 | 6 | SW. | 9 | |
| 20th. | 29.54 | .14 | 42 | 35 | 50 | 7 | 11 | SW. | 2 | |
| 21st. | 29.81 | .31 | 37 | 33 | 43 | 6.5 | 10 | NW. | 0.5 | |
| 22nd. | 30.01 | .14 | 35 | 30 | 40 | 5.5 | 9 | NW. | 1 | |
| 23rd. | 29.74 | .51 | 45 | 38 | 52 | 2 | 3 | SE. | 10 | 1.3 |
| 24th. | 29.69 | .54 | 30 | 16 | 45 | 3 | 5 | W. | 8 | |

REMARKS.—18th, N.E. rain, and fog, A.M., wind light all day; 19th, light rain, P.M., wind light all day; 20th, cloudy early, A.M., wind light all day; 22nd, cloudy late, P.M., calm all day; 23rd, rain all day, calm, A.M., tempest at night; 24th, rain, and light snow, A.M., wind fresh all day, the temperature fell rapidly and regularly from 45° to 15° in 24 hours.

MEDICAL DIARY OF THE WEEK.

| | |
|-----------------------|---|
| Monday, Dec. 3. | { NEW YORK HOSPITAL, Dr. Halsted, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Barker, half-past 1 P.M. EYE INFIRMARY, Diseases of Eye, 12 M. |
| Tuesday, Dec. 4. | { NEW YORK HOSPITAL, Dr. Peters, half-past 1 P.M. EYE INFIRMARY, Diseases of Ear, 12 M. OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M. BELLEVUE HOSPITAL, Dr. Thomas, half-past 1 P.M. EYE INFIRMARY, Operations, 12 M. |
| Wednesday, Dec. 5. | { NEW YORK HOSPITAL, Dr. Smith, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Sayre, half-past 1 P.M. N. Y. ACADEMY OF MEDICINE, half-past 1 P.M. |
| Thursday, Dec. 6. | { OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M. NEW YORK HOSPITAL, Dr. Halsted, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Loomis, half-past 1 P.M. |
| Friday, Dec. 7. | { NEW YORK HOSPITAL, Dr. Peters, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Church 1½ P.M. EYE INFIRMARY, Diseases of Eye, 12 M. BELLEVUE HOSP., Dr. Wood, half-past 1 P.M. |
| Saturday, Dec. 8. | { OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M. NEW YORK HOSPITAL, Dr. Smith, half-past 1 P.M. EMIGRANTS' HOSP. WARD'S ISLAND, Dr. Carnochan, 3 P.M. EYE INFIRMARY, Diseases of Ear, 12 M. |

SPECIAL NOTICES.

BELLEVUE HOSPITAL.—On Saturday (this day), Dec. 1, Dr. JAMES R. WOOD will reset the head of the femur for morbus coxarius.

The Next Volume of the AMERICAN MEDICAL TIMES will commence on the 5th of January, 1861, and will contain

LECTURES ON DIPHTHERIA,

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